



## Conference Request Application

Complete this form in its entirety, incomplete forms will not be accepted or considered. Send completed form to the union office via the pony or email to office@wearecnta.org.

Name of the Conference: \_\_\_\_\_

Date(s) of Conference: \_\_\_\_\_

Conference Location: \_\_\_\_\_

Describe how you will benefit from attending this Conference:

**Please be advised that all conferences must be approved by the CNTA Executive Board and signed by the CNTA President before registering for any conference.** When attending a conference/training sponsored by CNTA, it is expected that you shall share the knowledge and information you gain with the CNTA membership. **In order to do so, you will be required to complete the CNTA Post Conference Evaluation Form to receive reimbursement.**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_ Pronouns: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_

CNUSD Email: \_\_\_\_\_

Once a participant's Conference Form is signed by the CNTA President, the CNTA office will contact you to help you coordinate registration and accommodations. Keep in mind you need to register ASAP as hotel rooms and conference sessions fill up fast. **Please review the Expense Reimbursement Policy, as unapproved costs will be at the expense of the member.**

**By signing below, I represent that I have read the Expense Reimbursement Policy and the above terms and conditions and agree to abide by them.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

=====*For Office Use Only*=====

*Date Conference Approved by the CNTA Eboard:* \_\_\_\_\_

*CNTA President:* \_\_\_\_\_ *Date:* \_\_\_\_\_