



CUPE Local 108 Conference Attendance Application

Name: _____ Employee #: _____

School: _____ Telephone #: _____

Email Address: _____

Assignment: EPA SSW LSS

Name of Conference: _____

Date(s) of Conference: _____

Location of Conference: _____

How will attending this conference enhance your job performance? _____

Anticipated Budget

Registration: _____

Travel: _____ (Receipts required, mileage is not claimable)

Accommodations: _____

Meals: _____ (Max of \$30 per day with receipts)

Total Request: \$ _____

Person requesting that you attend this conference: _____

Principal's Signature

Date

Other sources of funding (include amount and source): _____

Instructions

Before the conference:

Attach the CONFERENCE BROCHURE and send the completed Conference Attendance Application to the address below.

After the conference:

Submit the REIMBURSEMENT FORM with your ORIGINAL RECEIPTS and your written conference report to within six (6) weeks to:

**CUPE Article 29 Professional Development Funding
HRSB, Human Resource Services
90 Alderney Drive
Dartmouth, NS B2Y 4S8**

NOTE: SUBSTITUTE COVERAGE IS NOT AVAILABLE THROUGH THIS FUNDING