

Application for Funds for Professional Development

(Please fax to ADETFO Office at (705) 942-1054, Attn: P.D. Committee)

ABOUT YOU

Your Name and Workplace: _____

Contact Information (phone/email): _____

Date of Application: _____

ABOUT THE EVENT

Name of Event: _____

Location and Date of Event: _____

Purpose of Event: _____

ABOUT THE COSTS

Registration Fee: _____ Travel: _____

Accommodations: _____ Other: _____

Cost of Supply: _____

Total (P.D. Fund may provide a maximum of \$500 towards the total): _____