

**Application for Financial Sponsorship to Attend
ETFO Conferences, Courses, Workshops or
Seminars**

ETFO-YR Member Name: _____

School: _____ Phone #: _____ Ext# _____

Home Address (only if on leave): _____

Non-Board Email: _____

Conference/Course/Workshop/Seminar:

Date(s): _____ Registration Cost*: _____

*Please include a copy of the registration form.

Please Note:

1. All applications are subject to ETFO-YR Financial Assistance Policies (see the PL Committee page of the ETFO-YR website at www.etfo-yr.on.ca).
2. All applications for support must be received by the ETFO-YR Office **prior** to the completion of the conference/course/workshop/seminar.
3. A maximum of 15 members may claim financial assistance for the same conference/course/workshop/seminar. Applications will be handled on a first come, first served basis.

Date _____ Signature _____
