

FORM 2

GEDSBOT APPLICATION FOR PROFESSIONAL LEARNING Conference REIMBURSEMENT

Name: _____

ETFO ID Number: _____

Address including postal code: _____

Telephone: _____

Email address: _____

Date submitted: _____

Title of Workshop/ Seminar/ Conference attended:

Attach original receipts for fees, hotel, parking and mileage (please calculate at \$0.50 per km.).

Attach proof of completion, if applicable.

In addition to your written report, would you like to share your professional learning activity at a:

- General Meeting
- Executive Meeting
- In a workshop format ?

Applicant's signature: _____

This section reserved for GEDSBOT Executive use only:

Date Received: _____ Date Reviewed: _____

Approved Denied

Signing Officers:

Cheque #: _____

Date Sent: _____