



**Region 35**

*Schaumburg Education Association  
Schaumburg Educational Employees Organization*

**REGION 35 REQUEST FOR FUNDING TO ATTEND A CONFERENCE**

Name: \_\_\_\_\_

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

Home/Cell Phone: \_\_\_\_\_ Personal E-Mail: \_\_\_\_\_

Base School: \_\_\_\_\_ Local: SEA SEEO

What conference are your requesting Region 35 funding for: \_\_\_\_\_

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

Amount requested for conference costs (e.g., registration, hotel, travel, food, substitute, etc.) \$\_\_\_\_\_

Why do you want to attend this conference?  
\_\_\_\_\_  
\_\_\_\_\_

What do you expect to learn at this conference?  
\_\_\_\_\_  
\_\_\_\_\_

How are you going to share out information learned at this conference?  
\_\_\_\_\_  
\_\_\_\_\_

With whom are you going to share this information and how?  
\_\_\_\_\_



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- This is my first time requesting Region 35 funding to attend a conference.
- I have received Region 35 funding in the past to attend a conference.

**(Optional).....Position(s) held and/or activities completed within the district, local, Region, IEA and/or NEA:**

Position	District, Local, Region, IEA, NEA	Year(s)

Previous Conferences Attended	Year(s)	Previous Region 35 Funding

I understand that completion of this form does not indicate automatic Region 35 funding to attend the conference and that I will need to wait to receive a response from one of the Region 35 officers regarding the result of my request.

If selected as a funded participant:

- I agree to submit a written report to the Region 35 Chair answering the attached questions within **30 days** of the conclusion of this conference
- I understand that I may have to initially pay for the conference out of pocket and will complete and submit a Region 35 voucher to the Region 35 Treasurer for reimbursement.
- I understand that if I do receive an advance to attend the conference and am unable to attend I will be personally liable for any pre-paid costs (e.g., registration fee, hotel, travel, etc.).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to: Kara Zielinski, Region 35 Chair- Enders-Salk Elementary School

Region 35 Completion Only	Was request for funding granted	YES	NO
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