

Convention/Institute Request ND Chapter IAWP Career Development

SECTION 1: REQUEST - TO BE COMPLETED BY MEMBER	
Name:	Membership Type: International
Address:	Start Date:
Location of Convention/Institute:	End Date:
<p>I understand that:</p> <ol style="list-style-type: none"> 1. This Chapter Career Development opportunity is available to me as a member of the North Dakota Chapter of IAWP. 2. Requests must not duplicate payment or reimbursements from another source. 3. I will pay my registration in full and be reimbursed the allowable rate as stated in the registration information upon successful completion of the convention and attendance at the annual meeting. 	
Member Signature:	Date:
<p>INSTRUCTIONS: Attach the convention/institute registration form (to show the cost of the convention/institute) to this form.</p>	
SECTION II: APPROVAL – COMPLETED BY CONVENTION COMMITTEE REPRESENTATIVE	
<p>Forward completed form to Chapter Treasurer for payment.</p>	
<input type="checkbox"/> Attended full convention and annual meeting. <input type="checkbox"/> Request is approved for payment in the amount of \$_____.	
Comments:	
Convention Planning Committee Chair Signature:	Date:
Check Number:	
Treasurers Signature:	Date: