



# SADDLEBACK VALLEY EDUCATORS ASSOCIATION

25201 Paseo de Alicia ♦ Suite 150 ♦ Laguna Hills ♦ CA 92653 ♦ (949) 951-5373 ♦ fax (949) 951-3848

## Conference/Training Request Form

Name \_\_\_\_\_ School Site \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Conference/training for which you are applying: \_\_\_\_\_

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

Previous involvement or roles in SVEA:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE  
USE ONLY

Other SVEA, CTA or NEA conferences/trainings attended in the past 3 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE  
USE ONLY

Why do you want to go to this conference/training? What do you hope to gain from attending?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE  
USE ONLY

By attending a conference/training that SVEA is funding full or in part, you agree to share the information you have learned/gathered at a Representative Council meeting or other mutually agreed upon forum by the SVEA President before reimbursement of funds will be processed.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SVEA President Authorization