

EAW Conference/Travel Request Form

Applicant _____ Home Phone _____

Home Address _____

City _____ State _____ Zip _____

Email address (Personal Email ONLY) _____

Name of Conference _____

Location _____ Date of Conference _____

Name of Group Sponsoring Course or Conference _____

Registration Fee \$ _____

Please indicate with a check mark any additional expenses you intend to seek reimbursement of and the amount if available.

SAVE FOR FUTURE USE

_____ Meals \$ _____

_____ Lodging \$ _____

_____ Transportation Expenses \$ _____

\$ _____ TOTAL Reimbursement Requested from EAW
Should you have a financial hardship, please contact the
EAW Treasurer

Conference brochure **MUST** be attached to this application form. Remember to **SAVE YOUR RECEIPTS.**

Please return to:

Educational Association of Worcester
397 Grove Street
Worcester, MA 01605

Or email maureen@eawunion.org

DO NOT USE THE PONY!