

PAYMENT REQUEST FORM

Submit only after attending conference with receipt (s) showing the dollar amount paid.

Date _____

Applicant _____ Home Phone _____

Email address (Personal Email ONLY) _____

Home Address _____

City _____ State _____ Zip _____

Name of Conference _____

(Do not submit without receipt(s) showing the dollar amount paid)

Evaluation of Conference

Content Area: _____

Type of Presentation: (Practicum, lecture, discussion, hand-on, etc.)

On a scale of 1 – 5, rate the conference.

1 2 3 4 5
Poor Excellent

Would you recommend this course or conference to other educators? Why or why not?

Please return form(s) to:

**DO NOT USE
THE PONY!**

Educational Association of Worcester
397 Grove Street
Worcester, MA 01605

**DID YOU REMEMBER TO ATTACH YOUR RECEIPT(S)?
A RECEIPT MUST SHOW THE DOLLAR AMOUNT PAID.
A BROCHURE OR CERTIFICATE OF ATTENDANCE IS NOT A RECEIPT.**

SAVE FOR FUTURE USE