

NATIONAL ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

Field Service Reporting Form

Thank you for your request for an NAEOP officer to visit your association. In order to be in compliance this request must be received 90 days before expected visit. Please verify the information entered on this page and complete the remaining areas.

Officer Requested _____

Date(s) of Event _____

Location _____ City/State _____

Requesting Association _____

Contact Person _____

Address _____

Phone () (h) () (w) () (fax)

E-mail(s) _____

Participation requested: (please check all that are applicable and list specific date & time of event)

- Keynote Speaker _____
- Workshop Leader _____
- NAEOP Promotion _____
- Installation _____
- Other (please specify) _____

Please list below expenses provided for field service visit.

Requesting Association

Lodging \$ _____

Meal(s) \$ _____

Registration \$ _____

Other (please specify) \$ _____

TOTAL \$ _____

Note: Must be approved by NAEOP Professional Development/Field Service Chairman

Approval: _____

Date: _____

Revised 7/02; 7/09

NAEOP has budgeted funds for field service; however, donations are still needed to fully finance the program. In addition to the expenses assumed at the left, a donation from your association will be necessary.

My association will donate to the Field Service Program the amount of:

\$ _____

Return form to:

Professional Development Chairman

PO Box 12619

Wichita, KS 67277-2619

FAX: 316-942-7100

EMAIL: naeop@naeop.org