

NATIONAL ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS
Professional Development for Non-Affiliate Request Form

Thank you for your request for an NAEOP consultant to visit your organization. In order to be in compliance, this request must be received 90 days before the expected visit. Descriptions for the Professional Development programs offered can be found at www.naeop.org under the "Programs" tab.

Consultant Requested _____

Date(s) of Event _____ Date(s) Requested _____

Location _____ City/State _____

Requesting Organization _____

Contact Person _____

Address _____

Phone (____) _____ (h) (____) _____ (w) (____) _____ (fax)

_____ (E-mail)

Participation requested: (please check all that are applicable)

Keynote Speaker

Workshop Leader/Presenter

NAEOP Promotion

Other (please specify) _____

Program Topic/Theme: _____

All visits must be approved by the NAEOP
Professional Development Committee
Chairman

Approval: _____

Date: _____

The fee structure includes all travel expenses for the consultant plus a speaker fee of \$300.

Please return this form and a check for the \$300 speaker fee to:

**NAEOP Professional Development
Program**

1999 N. Amidon, Ste. 325

Wichita, KS 67203

Fax: 316-942-7100

Email: naeop@naeop.org