



Professional Development Request Form – Non-Affiliate

Thank you for your request for a NAEOP consultant to visit your organization. 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(s): _____

Phone Number: (cell) () _____ (work) () _____ (fax) () _____

Email(s): _____

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

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
PO Box 10
Milford, NE 68405
Fax: 402.761.2224
Email: staff@naeop.org**