

## **Professional Development Request Form**

We are excited to offer presenters for associations professional development events. For a complete list of presenters, and presentations offered, visit the NAEOP website under the Professional Development tab. A completed form should be submitted to <a href="mailto:staff@naeop.org">staff@naeop.org</a> a minimum of 90 days prior to your event. Affiliation/non affiliation status will be confirmed by the national office.

Presenter:			Presentation requests	d·	
			Presentation requested:  Presentation requested:  Requesting Association:		
	rson(s):				
Phone Nur	nber: (cell)	(work)		(fax)	
				(rany	
Participatio	n requested (please check all applicable and	list specific	c date, time, and length of	each event):	
□Keynote	e Speaker:	_	Workshop Leader:		
□NAEOP	Promotion:	_ 🗆	Installation:		
☐ Video \	Welcome:		Webinar(s):		
	sit ne expenses below your association will cove s to consider paying as much of the total exp Expenses				uesting
	*Lodging		\$ <u></u>		
	*Meals		\$ \$		
	Travel		\$ <u></u>		
	Other (please specify)		\$		
	Speaker Fee - \$300.00(non-affiliates)		\$		
	TOTAL		\$ \$		
*If	your venue offers complimentary lodging or mea	ls, please co	onsider using for this request (	notate cost as COMP)	
Virtutal Vis	iit				
	President's Video Welcome		· · · · · · · · · · · · · · · · · · ·	<u>ree</u>	
	Group Webinar(s) - \$100		\$		
	TOTAL		\$	,	
	Submit completed	form to	staff@naeop.org for app	proval	
requesting a	ral, the form will be emailed by the national association. If the officer is not available, the will be requested upon approval:  a. Agenda b. Nearest airport c. Mode of transportation to hotel ard. Conference theme if any e. Point of contact during conference of signal development visit is complete, the	president v	will contact the association	for alternate options. Additional	
	Approval:		Date:		
	-later and area				