

ADVANCED PRACTICE SERVICES APPLICATION FOR CONFERENCE FINANCIAL SUPPORT/ UTILIZATION OF CONFERENCE DAY(S)

Employee Name:

Employee ID#:

Employee Phone#:

Requesting Financial Assistance (yes/no):

Requesting Days Off (yes/no):

Number of Days Off Requesting:

Length of Service in APS Department (Please note: you are only eligible for conference support after you've worked in APS for a minimum of 6 months):

Name of Educational Activity:

Date(s) of Conference:

Conference Location:

Conference Registration Cost:

Travel (i.e. Flight, Car, Taxi), including date of flight departure & return (Please note: flight arrangements MUST be made via BTI Travel once travel authorization is approved):

Hotel, including date of check-in & check-out (Please note: hotel accommodations can be made via BTI Travel or yourself independently):

CME/CEUs Earning:

Provide your learning objective #1:

Provide your learning objective #2:

Provide your learning objective #3:

Provide your plan for dissemination of information to the department:

X

Employee Signature/Title/Date

X

Team Leader Signature/Title/Date

X

Director Signature/Date

**Application due to Team Leader 6 weeks prior to registration deadline.

Incomplete forms will not be accepted. Please see Travel Tip Sheet for eligibility requirements.

Please include a copy of the Conference Brochure with this form. **

Travel Registration Form

Full Name: _____

Circle: Member or Non-Member

If member, please provide member number: _____

Username: _____

Password: _____

Website: _____

Title/Credentials: _____

Dietary Restrictions: _____

Emergency Contact Name & Phone Number: _____

Pre-Conference: Yes or No

Amount of Pre-Conference: _____

All Sessions to be Registered for both conference & pre-conference:
