

# LIBRAS

## Continuing Education Application

Name:		Date:	
Email:		Phone:	
LIBRAS Institution:			
For <b>A</b> or <b>B</b> , are you presenting at this conference/event? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Conference:			
Date(s) of event:		Location of event:	
For <b>C</b> , what is the name of the course?			End date of course:
Have you received LIBRAS Continuing Education funds in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List activities, dates, and any reports given:			
Would you be willing to present what you have learned at this conference to a LIBRAS audience? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Event Category</b>		<b>Expenses</b>	
<b>A</b>	Common Conference	Cost of early bird, member (if applicable) registration	_____
<b>B</b>	Pre-Conference, Conference, Workshop	Estimated travel and lodging expenses	_____
		Total Cost Pre-Conference, Conference, Workshop	_____
		Requested Amount from LIBRAS	_____
		Amount your library is willing to contribute	_____
<b>C</b>	Online Continuing Ed. Course:	Cost of Workshop	_____
		Amount your library is willing to contribute	_____
Name and address for reimbursement check:			

**Signatures:**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

In signing this application, I agree to comply with the LIBRAS Continuing Education policies and procedures. Complete guidelines may be reviewed at: <http://www.libras.org>

\_\_\_\_\_  
**Library Director**

\_\_\_\_\_  
**Date**

**Incomplete or late forms will not be considered for funding.**

<b>For LIBRAS Use Only</b>			
Amount approved:		Report received:	
Date approved:		Applicant paid:	
Receipts received:		Payment amount:	