

Developmental Disabilities Resource Board
Best Practices Conference Program
APPLICATION

This form must be turned in 30 – 90 days prior to the conference start date. Once reviewed by the DDRB, this request form will be returned to the individual indicating final funding decision.

Request Date

Conference Start Date

Name

Email

Address (Street) (City) (State) (Zip Code)

Supervisor Name

Employer Name

Supervisor Signature (required)

Date

Conference Title

Workgroup Service Category

I agree to attend and report findings of conference sessions to the conference workgroup. The conference workgroup will evaluate sessions and make recommendations to the DDRB Program Committee and DDRB Board. I agree to participate in the presentation of the workgroup findings.

Employee Signature

DDRB Review:	Date: _____	Amount Approved: \$ _____
	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
	DDRB Representative Signature: _____	

