

OUEA Request Form for CTA Conferences

Name (First and last)

OUEA Site (school site, nurses, psychologists, etc.)

Position with OUSD

Cell phone number

Personal e-mail (NOT OUSD)

Conference, location, and date of conference

Have you attended this conference before? _____ If yes, how many times? _____

Please list CTA and NEA conferences that you have attended in the past three years.

Please list any roles you have with OUEA (Executive Board position, Site Rep, Committee member, etc.)

By attending a conference/training that OUEA is funding full or in part, you agree to share (if asked) the information you have learned/gathered at the next scheduled Representative Council meeting or another mutually agreed upon forum by the OUEA President. Please initial.

_____ Agree

I understand that my personal email and phone number may be shared ONLY with other attendees of the same conference. Contact information will only be shared for the purpose of coordinating meals together, providing a safe contact for emergencies and sharing information during the event. Please initial.

_____ Agree

Signature of applicant

Date

This is an application for OUEA to partially or completely fund participation at a conference. Completing this form does not guarantee that OUEA will pay for the applicant.

Please submit this form to the OUEA Office. You may use inter-district mail, US Postal Service, fax (714.288.0227) or personally give the application. We also have a drop box.