

Conventions / Conferences Application

(Please complete this form in **BLACK INK**)

Name of Convention /Conference requesting to attend: _____

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: () _____ WORK PHONE: () _____ FAX: () _____

NAME FOR BADGE (the name you prefer to be called: e.g., "Jim" or "Jan" for James or Janet)

BADGE NAME: _____

HOME E-MAIL ADDRESS: _____

SCHOOL E-MAIL ADDRESS: _____

COUNCIL (What School District do you work for?): _____

SHARING A ROOM WITH: _____

PART I: Participation in Council

List all positions you currently hold or have held in your council. (Include the years)

List all committees you have served on. (Include the years)

PART II: Professional Interest

Please state your reasons for your interest in this conference.

Signature: _____
Applicant

Signature: _____
Council President

This completed form must be returned to the AFT Local 943 office at 15521 S 70th Court, Orland Park, Illinois 60462 or faxed to the local at 708/633-0944.