



# NAVHDA Training Seminar Assistance Program

## Application for Event Funding

APPLICANT INFORMATION			
Full Name (Contact Person):		Membership #:	
Chapter & Title/Position:		Cell Phone:	
Street Address		<b>TOTAL FUND REQUEST: Not to exceed \$500 (* Please itemize below</b>	
City, State/Prov, Postal Code			
Email address:			

EVENT INFORMATION			
Name of the event:		Intended Date:	
Event location:			
List the name of the trainer/seminar speaker (if applicable):			
Anticipated attendance:			
Will you charge participants for attending? If so, how much will you charge them?			
How many NAVHDA volunteers will be on site and help support the event?			

EVENT SPECIFICS	
Please provide a detailed description of the content of the proposed training seminar, including a justification for why your Chapter is in need of training assistance. Attach a separate document if additional space is required.	

<p><b>(* Please provide an itemized list of TOTAL COSTS for the proposed seminar. If approved, NAVHDA will match chapter support up to a maximum of \$500.</b></p> <p>Please note: Funds will NOT be awarded for Chapter equipment. Attach a separate document if additional space is required.</p>

**DISCLAIMER:** Sponsored NAVHDA International Training clinics/seminars are required to follow the same safety guidelines as described in the AIMS, Programs, and Test Rules book and/or the same safety standards expected in any event sponsored by NAVHDA International. By submitting this request to NAVHDA International, you agree to the guidelines of this program, that any awarded funds will be used for the purposes described above, and that any unused funds will be returned to NAVHDA International.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE SUBMITTED:** \_\_\_\_\_

Submit applications to the NAVHDA Central office by either:

**MAIL:** NAVHDA International, PO Box 520, Arlington Heights, IL 6006-0520

**EMAIL:** [navoffice@navhda.org](mailto:navoffice@navhda.org)

**FAX:** (847) 255-5987