



Delegate Grant
Program Application
2020 Annual Meeting

Date: _____

Member Board: _____

Phone: _____ Email Address: _____

Grant Attendee Information

Delegate Name: _____

In what capacity does the above delegate represent the above member board?

Does the above delegate have Conference voting privileges? Yes No

Reimbursement Needs

Please select which of the following reimbursements you are applying for:

Annual Meeting registration fee Hotel (please indicate number of hotel nights _____)

Transportation (please check: Airfare OR Mileage)

If selecting transportation reimbursement, please list:

Departure Airport: _____ Estimated economy airfare: \$ _____

Estimated mileage: _____

Please list any other additional reimbursement needs/costs:

Has your member board previously attended an Annual Meeting of The Conference? If so, please provide recent meeting attendance history. If not, please explain:

Are there any restrictions/deadlines put forth by your jurisdiction on travel?

Does your member board pay for out-of-state travel?

Please state why The Conference should consider your member board to receive a grant for a delegate to attend the Annual Meeting:

Agreement

By signing below, I certify that I am entitled to represent the stated member board as a delegate. I understand the grant application process and agree to abide by the guidelines set forth in the "Policies & Procedures: Delegate Grant Program" document provided by The International Conference of Funeral Service Examining Boards, Inc.

**I agree to [provide a professional summary](#) (*within 2 months*) reporting on my experience and impact of attending. I understand that some or all of my summary report may be shared in Conference publications.

Signature of Applicant

Date:

For consideration, please complete and return by December 1, 2019.

RETURN TO:

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Fayetteville, AR 72704
services@theconferenceonline.org • Fax 479-442-7090