

**Northwestern Ohio Education Association
UniServ Council
Training Program Application**

UniServ Council(s) making application: _____

Name of proposed training program: _____

Presenter(s): _____

Date: _____ Location: _____

Estimated number of participants: _____

Program Description: _____

Planning Committee Members' names and local association. Composition of this committee should reflect representation from several locals from all UniServ Councils hosting this training:

Itemized Projected Expenditures:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Attach a copy of the evaluation form that is to be completed by program/workshop participants. A summary of the evaluations must accompany the reimbursement request.