

**PRODUCTIVE LIVING BOARD**

**EDUCATION/TRAINING**

**REQUEST FOR SUBSIDY**

Name of Agency/Organization \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Name of Workshop/Conference \_\_\_\_\_

Sponsored/Conducted By: \_\_\_\_\_

Location of Workshop/Conference: \_\_\_\_\_

Date(s): From: \_\_\_\_\_

To: \_\_\_\_\_

***Brief Description of Workshop/Conference  
(Attach brochure/flier from Workshop/Conference)***

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Full cost of registration per person: \$ \_\_\_\_\_ x \_\_\_\_\_ people = \$ \_\_\_\_\_ (total)

Name and position(s) of person(s) to attend:

**Name**

**Position**

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

4) \_\_\_\_\_

\_\_\_\_\_

5) \_\_\_\_\_

\_\_\_\_\_

Describe briefly what the attendee(s) expects to obtain from attending this workshop/conference:

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Describe how the knowledge/information gained by participation in the workshop/conference will be disseminated (e.g. verbal report to staff, written report to all interested agencies and/or a panel discussion):

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We understand that the agency/organization will be reimbursed as per PLB policy for registration fees, if this request is accepted, when both the program/conference evaluation and the PLB invoice with receipts are received. These materials are to be returned to the PLB for reimbursement within 45 days of the last day of the program/conference.

**Request submitted by:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_