

Application to Receive Speaker Funding

Organization:					
Contact Person:					
Address:					
City:		State:		Zip:	
Phone:			Email:		
Amount:					
Check payable to:					

Please give us a brief description of your organization, who you serve, what is the mission?

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Please provide a description of the event including presenter, topic, location, date, time, target audience and how the event will be publicized.

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What will parents gain from attending this event?

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I agree to the attached Parent Training Speaker Fund Guidelines.

(Signature)

(date)

Please use the reverse side for any additional information you would like to provide.
Please return to: CPAC, 338 Main Street, Niantic, CT 06357 or fax to (860) 739-7460.