



# NACO Continuing Education Fund Application

Organization Name \_\_\_\_\_

Organization Representative \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Event Information

Name of Event \_\_\_\_\_

Date of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Speaker Name \_\_\_\_\_

Address of Speaker \_\_\_\_\_

Title of Presentation \_\_\_\_\_

Estimated number of County Officials attending \_\_\_\_\_

Explanation of why this expense should be approved \_\_\_\_\_

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## Educational Materials

Name/Title of Materials \_\_\_\_\_

Quantity \_\_\_\_\_

## Requested Amount

Specific Dollar Amount requested \$ \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature