# REQUEST FOR GRANT MONIES
# CONTINUING EDUCATION ACTIVITY

Complete the following grant application, and forward to ABESPA, Continuing Education Committee, P.O. Box 304760, Montgomery, AL 36130-4760.

Name of Requesting Institution:_____

Contact Individual:_____

Address:_____
Street City State Zip

Telephone: (_____)_____

Title of Continuing Education Activity (please attach program brochure):

_____

_____

Type of Activity: _____Conference _____Teleconference _____Video Conference _____Other (explain)

_____

Speaker(s): _____

_____

Instruction Level: _____Intermediate _____Advanced

Total estimated conference costs: $_____
Total grant requested (not to exceed $2,000): $_____
Registration charge for general participants: $_____
Registration charge for ABESPA licensees: $_____

Method of notifying ABESPA licensees of the CE activity:

___Mail ___Email ___SHAA website ___N/A ___Other (list) _____

I hereby agree to add the following ADA statement to all brochures and/or advertisements:

The Alabama Board of Examiners for Speech Pathology and Audiology (ABESPA) does not discriminate based on race, color, national origin, sex, religion, age or disability in employment or the provision of services.

NAME (print):_____

SIGNATURE: _____Date:_____