

2. PROFESSIONAL DEVELOPMENT REIMBURSEMENT

Name: _____

ETFO ID Number: _____

Address: _____

Telephone: _____

E-mail: _____

Date submitted: _____

Title of Workshop/Seminar/Conference attended:

Attach proof of completion, if applicable.

Attach original receipts for fees paid, hotel, parking, mileage (please calculate).

In addition to your written report, would you like to share your professional development activity at a:

- a) General Meeting
- b) Executive Meeting
- c) In a workshop format

Signature: _____

This section reserved for GEEOTL Executive use only:

Date received: _____ Date Reviewed _____

Approved _____ Denied: _____

Signing Officers:

Cheque #: _____

Date sent: _____