

Pennsylvania Rehabilitation Council

REQUEST TO REPRESENT THE REHABILITATION COUNCIL AT A TRAINING/CONFERENCE/MEETING

Name _____ Date of Request _____

Title of Event /Meeting, Committee, Etc. _____

Location _____ Date(s) _____

Sponsoring Organization _____

Cost Estimate:

Registration _____ Registration Required By (date) _____

Mileage/Ticket/Taxis _____ Room _____

Meals _____ Other _____

(includes attendants, DRIVERS OR OTHER ASSISTANTS AS applicable)

Total Estimate _____

Will you need the PaRC to pre-pay your registration? _____ Yes _____ No
If yes, include the completed registration form with this request

Briefly describe how this activity relates to specific Full Council or Committee goals and objectives:

Committee Chair or other Authorization: (attach fax or email, if applicable)

Signature: _____
STAFF MAY SIGN IF THE CHAIR PHONES THE APPROVAL

Date: _____

In general, members cover their own costs and submit all receipts for reimbursement after they have attended the event.
Exceptions may be made when doing so will create a hardship for the member. If you need an exception, please call the PaRC office before submitting your request form.

Return completed forms to:

**Pennsylvania Rehabilitation Council Office (UCP/PA-RC)
55 Utley Drive. Camp Hill, PA 17011**