



## Pros/Techs Conference Travel & Attendance Funding Application Form

### **Program Guidelines**

- a. Only one award per person, per year, will be funded.
- b. Awards may be made up to \$3,000 per person, per year, pro-rated based on FTE.
- c. The conference must be for the position/modality in which the member is currently working.
- d. The conference must award CEUs relevant to the member's position.
- e. Members who fail to attend the conference for which the Fund pays any associated costs will have to repay the Training Fund for all costs incurred or remain ineligible for benefits for two years (mirrors consequence for tuition assistance program). Hardship circumstances may be appealed to the executive director who may waive all or part of the repayment requirement at his/her discretion.
- f. Members are encouraged to submit applications throughout the year. Awards will be announced each quarter.
- g. Applications must be submitted prior to conference attendance in order to qualify. Conferences already attended prior to the application being submitted will not be considered.
- h. Awarded funds will be disbursed by reimbursement only.

### **What is/is not covered?**

**Eligible costs include:** Coach class Airfare or other transportation costs (such as mileage) to and from the conference location; reasonable hotel costs for the day(s) of the conference and one day prior depending on travel distance and agenda times; conference registration fees. Reasonable costs of in-state travel qualify unless it is local travel as excluded below. Whether any costs are reasonable is in the sole discretion of the Training Fund, but employees are expected to make cost efficient decisions if options are available regarding necessary travel and hotel rates.

**Ineligible costs include:** Travel costs incurred at the conference or program location (for example, taxi from airport to hotel), local travel to or within the location, cost of all meals, food and drink, and any other incidentals. Flights to destinations other than conference location. In addition, the benefit does not cover any travel upgrades or optional or supplemental travel fees (such as checked baggage).

---

**Today's Date:**

**E-mail**

\_\_\_\_\_

**First Name:**

**Last Name:**

\_\_\_\_\_

\_\_\_\_\_

**Employer:**

UW Medicine - Northwest Hospital & Medical Center

Swedish Medical Center

Swedish Edmonds

**Job Title:**

**Department:**

\_\_\_\_\_

\_\_\_\_\_

**Note! Only Pro/Tech Bargaining unit members at the above employers qualify for this program!**

**Current FTE:**

\_\_\_\_\_

**Note! Per Diem and contract employees do not qualify.**

---

**CONFERENCE INFORMATION:**

**Date(s) of Conference:**

**Number of Days:**

**Conference Location:**

\_\_\_\_\_  
**Conference Title:**

\_\_\_\_\_  
**Conference Sponsoring Organization's Name:**

\_\_\_\_\_  
**Conference Registration Cost:**

\_\_\_\_\_  
**Estimated Hotel Cost:**

\_\_\_\_\_  
**Number of Days:**

\_\_\_\_\_  
**Estimated Airfare Cost:**

**Note! You must submit back-up documentation showing conference details, estimated travel costs and hotel costs to complete your application. Click [here](#) for more details.**

---

**Employee Signature: I state that the information provided is correct and that I have submitted back up cost documentation.**

\_\_\_\_\_  
**Date**

**Manager's Signature: I attest that the conference listed above is relevant to this employee's continued employment, scope of work, or job performance.**

\_\_\_\_\_  
**Date**

**You must print out this form and submit to the Training Fund along with back up cost documentation.**