



Member Continuing Education Funding Request

Please fill out this form and send to educationandresearch@massdha.org

Requesting member and all others volunteering must be ADHA members

- Fill out request
- On approval, member of the executive board will confirm with the venue, sign contracts as needed

Reimbursement forms: <https://massdha.org/expense-report/>

Name:
Phone number:
Email:
ADHA#:

Venue
Name & Contact:
Location:
Phone Number:
Costs:
Room
Food
Linens
AV
Parking
Room cost for accommodations

Speaker
Name:
Topic/Name of Course:
Length of Course/# CE Provided:
Cost:
Speaker fee:
Transportation: (flight, uber/taxi)
Hotel:

Sponsorship	
Company	
Contact	
Name	
Number	
Email	
Tier	
Amount	

Miscellaneous:

Registration
CEZoom fee:

Requests from State	Check Needed
A/V	
Signage	
Branded Tablecloth	
Step & Repeat	
Tabletop displays	
Photo booth	

Volunteers	
Name	
ADHA #	
Meeting Dates for Committee	

Estimated Expenses	
Price to Attendees	
Target Number of Attendees	
Cost per Attendee	

For ERC only:

Reviewed Date:

Approved/Denied/Hold:

Reasoning:

Please add event and committee meetings to google calendar once approved