



# CONFERENCE, CONVENTION & TRAINING (CCT) APPLICATION FORM

BC/YT  
REGION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ LOCAL: \_\_\_\_\_  
HOME CELL: \_\_\_\_\_  
HOME EMAIL: \_\_\_\_\_ WORK E-MAIL: \_\_\_\_\_

EVENT TYPE: ☐ CONFERENCE ☐ CONVENTION ☐ TRAINING

EVENT DESCRIPTION: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

ANTICIPATED COSTS: \_\_\_\_\_

OTHER FUNDING APPLIED: \_\_\_\_\_

OTHER FUNDING RECEIVED: \_\_\_\_\_

HOW WILL COSTS BE COVERED OTHERWISE: \_\_\_\_\_

RATIONALE FOR ATTENDING:

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HOW WILL ATTENDING ASSIST YOU IN YOUR INVOLVEMENT IN CEIU BC/YT REGION:

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**PLEASE SEND THE COMPLETED FORM VIA E-MAIL:**

**TO:** [bcytruo@ceiu-seic.ca](mailto:bcytruo@ceiu-seic.ca)

**CC:** [badeshaj@ceiu-seic.ca](mailto:badeshaj@ceiu-seic.ca)

**SUBJECT LINE:** CCT Application

DECISION:	DATE:
APPROVED BY:	AMOUNT APPROVED: \$
PREVIOUS SUBSIDIES TO APPLICANT:	DATE:
CHEQUE NO:	DATE SENT: