Instructions:
Complete the form in its entirety and send completed form to:
Developmental Disabilities Council Attn: Linda Walling
PO Box 48314
Olympia, WA 98504-8314

Conference/Training Attendance Request Form

_____ _____
Name of the Conference/Training Date(s)

_____
Conference/Training Location

Estimated cost of attending: _____

Describe how attending this event will benefit you and the Council:

What topic/area of interest in your current individual Developmental Plan does this conference relate to?

_____ _____
Member's Name Date of Request

If you have questions, contact Linda at 360-586-3572 or lindaw@cted.wa.gov

Print Form