
**North Sound Behavioral Health Organization
Advisory Board Training/Conference Request Form**

Name:

Title:

Title of Training/Conference:

Date(s) of Training/Conference:

Check Day(s) of Conference: Mon Tue Wed Thur Fri Sat Sun

Location of Training/Conference:

Application of knowledge gained at Training/Conference:

Total Travel/Registration Fee/Lodging/Meals Expenses: \$

Will you be requesting a Travel Advance Yes No
If "Yes," please attach Travel Advance Request Form

Please do not write below this line.

Approved Disapproved

Advisory Board Authorization

Date

North Sound BHO Executive Director Authorization

Date