**North Sound Behavioral Health Organization**

**Advisory Board Training/Conference Request Form**

Name:

Title:

Title of Training/Conference:

Date(s) of Training/Conference:

Circle 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