



BARBARA BROCK MEMORIAL GRANT

IFDA MEMBER/SPEAKER FORM

Date: _____

Name of IFDA Member _____

Company Name _____

Address _____

City _____ **State** _____ **Zip code** _____

FAX _____ **E-Mail** _____

Program Title _____

CEU Course # _____ **Program Length** _____ **CEU Credits** _____

Organization that approved the CEU _____

Brief Description of Program

Brief Bio of Speaker

Please send complete application packet to:
Bernd G. Heinze, IFDA Educational Foundation,
150 S. Warner Road, Suite 156, King of Prussia, PA 19406.