



**BARBARA BROCK MEMORIAL GRANT Application**  
**\$1500 for travel expenses of two speakers**

Date \_\_\_\_\_

Name of IFDA Member \_\_\_\_\_

Company Name \_\_\_\_\_

Applicant's 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 (additional page may be added if needed)**

**Brief Bio of Speaker [unless speaker is registered with IFDA-EF speakers network]**

Event/Venue \_\_\_\_\_

Date of the Program \_\_\_\_\_

Location \_\_\_\_\_

**Estimated Travel Expenses:**

Airfare \_\_\_\_\_

Hotel \_\_\_\_\_

Other \_\_\_\_\_

Signature of IFDA Member \_\_\_\_\_

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