

September 2008



BARBARA BROCK MEMORIAL GRANT Application

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 (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 _____

Send application to: Merry Mabbett Dean, *IFDA*, 10765 SW Canterbury Lane, #101, Tigard, OR 97224