

Middlesex Educational Association
Professional Rights and Responsibilities Committee
Request for financial Assistance
Workshop

Local Association _____ Date _____

Local Contact person _____

Mailing Address:

Phone # _____ E-mail address _____

Date of workshop _____ Theme _____

Location of workshop _____

Number of participants _____ Total
Cost _____

NJEA approved Yes _____ No _____

Prior approval Yes _____ No _____

Please attach the following:

Attached

Agenda Yes _____ No _____

Name of presenters _____

Bills Yes _____ No _____ PR&R Policy