

Core Trainings Registration and Reimbursement Form

Please check the appropriate box below using a separate registration form for each training program. When splitting a training program, use a separate form for each date of the training.

General information

Host IO/local: _____ IO/local president/chairperson: _____

Email address: _____

Phone: _____ City: _____ State: _____ ZIP: _____

- | | | | | | | |
|--------------------------|-------------------------------------------|--------------------------|--------------------------|--------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Member Rights Advocacy | Certified Negotiator Program for Teachers | LCAT I | LCAT II | Certified Negotiator Program for ESP | Peer Review: Strategies for Success | Health Insurance Basics and Beyond |

Reimbursement check

Payable to: _____

Address: _____ City: _____ State: _____ ZIP: _____

How to request reimbursement for your Core Training

Before the training

After the training

1. Print the name of each registrant below.

1. Indicate how the Core Training was promoted to Education Minnesota members outside your IO/Local.

2. Indicate the number of members completing the training and amount of reimbursement requested. OPS staff is responsible for verifying Education Minnesota membership.

3. IO/local president signs completed reimbursement request; original returned to Education Minnesota within 10 days of completing the training. Retain a copy of your records.

4. Additional copies of this form are available at How/Field Resources/Training Resources/Core

5. Reimbursement is up to \$30 per member completing a five-hour Core Training segment. (Note: The IO affiliation pilot project may impact the reimbursement.)

6. All receipts must be attached to this form.

Registrant (please print)	Attended (registrant MUST sign in at training)	Name of Local (please print)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11+ use additional sheets		

Complete this section after training

Date of training: _____ Total number in your Core Training: _____ x \$30 = \$ _____

Signature of IO/local president/chairperson: _____

Return form to Education Minnesota, Attn: Policy Department, 41 Sherburne Ave., St. Paul, MN 55103-2119  3423