**PNC MLA 2016 Professional Development Fund Application**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Library: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province:\_\_\_\_\_\_\_\_ Zip/Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2016 PNC MLA MEETING:** PORTLAND OREGON: **PAID EARLY BIRD CONFERENCE REGISTRATION ($130) ONE FULL CONFERENCE REGISTRATION WILL BE AWARDED FOR EACH PNC MLA CHAPTER STATE & PROVINCE. THE AWARD DOES NOT INCLUDE LODGING OR TRAVEL EXPENSES.**

Please attach a brief statement (no more than 200 words) explaining why this meeting will be of benefit to you or your organization. Include in your statement other factors that will support your request.

Eligibility Criteria: Applicant must be a current PNC member. Applicant must not have received PNC Professional Development Funds during the past two (2) calendar years. The written application must be received by the **September 30, 2016**.

I have read and meet eligibility criteria for the 2016 PNC Professional Development Fund.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email the application and written paragraph to the PNC/MLA Chair: Kathy Fatkin PNC/MLA Chair [kathy.nelson2@HCAhealthcare.com](mailto:kathy.nelson2@HCAhealthcare.com) on or before 9/30/2016.

BOARD DECISION: YES NO Date Notified\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_