



FRESNO COUNTY EMPLOYER ADVISORY COUNCIL

Application for Professional Development

Name: _____ FCEAC Member: Yes No

Company Name: _____

Address: _____ City: _____ Zip: _____

Company Phone: _____ Cellular Phone: _____

Email Address: _____

Name of Seminar/Conference: _____

Sponsor of the Event: _____ Cost: \$ _____

Location of Event: _____ Date(s): _____

Description of the Event: _____

How will this Event benefit you: _____

At the end of the Event, I promise to report back at the next scheduled meeting of the FCEAC.

_____/_____/_____
Signature of Member Date

**Please mail completed application to FCEAC Secretary, Ms. Kendra Joneson
FCEAC, PO Box 5279, Fresno, CA 93755**

****Must attach copy of conference registration form****

Date Received: ____/____/____

Date Reviewed: ____/____/____

Approved Rejected

Date Notified Applicant: ____/____/____