UURMaPA Conference
Pod Attendee Reimbursement Form
For up to US$100.00/Person

First POD Attendee Name: _____

Second POD Attendee Name: _____

Address: _____ Mobile: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Email: _____

I/We attended the Pod at: _____

Date	Requesting Financial Aid Toward	Amount

Total Financial Aid Requested (not to exceed US$100.00/person): _____

Date: _____

Signature: _____

Thank you for applying for financial aid. You will receive a check once our UURMaPA Treasurer has processed your request.

Mail this form to: **Richard Nugent, Treasurer**

UURMaPA
4740 Connecticut Avenue NW
Washington, DC 20008