

**CENTRAL IOWA EMS DIRECTORS ASSOCIATION CONFERENCE SPONSORSHIP APPLICATION**

**Note:** Please submit completed application form to CIEMSD Training Committee at [training@ciemsd.org](mailto:training@ciemsd.org)

**Applicant Information**

Name	
Mailing Address	
Telephone	
Email address	
Department	

**Local Conference Sponsorship Request**

Conference	
Dates	
Tuition	

**National Conference Sponsorship Request**

Conference	
Dates	
Tuition	
Hotel estimate	
Airfare Estimate	

**Applicant Signature**

**Date Signed**

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**County EMS Association or**  **EMS Service representative**

**Print Name**

**Service or County Association Representative**

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**Signature**

**Date Signed**

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**EMS Provider Conference Attendance Scholarship Program**

*Office Use Only:*

<i>Date received</i>	
<i>Approval</i>	