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Saskatchewan Society of Occupational Therapists

PROFESSIONAL DEVELOPMENT FUND APPLICATION FORM

SSOT MEMBER INFORMATION

Name:		
Location of Event:		
Date(s) of Event:	From: (dd/mm/yyyy)	To: (dd/mm/yyyy)
Type of Event:	Course (Specify)	
	Seminar	
	Workshop	
	Annual Meeting	
	Conference	
	Other (Specify):	

FINANCIAL BREAKDOWN

Please provide a breakdown of the costs you have incurred, or an estimate of those you plan to incur in Attending the Event:

Tuition:		Childcare:	
Registration Fee:		Transportation:	
Accommodations:		Meals:	
Textbooks:		Other (specify):	

DECLARATION

I Certify That The Above Information Is True And Correct. I Hereby Authorize The Professional Practice Chairperson To Validate Any Of The Aforementioned Information If Required.

<i>Member Name:</i>	<i>Member Signature:</i>
<i>Date:</i>	

Deadline for submission of application is May 1 of the competition year.

For Office Use Only
Date application received: