

Conference Subsidy Application Form

Applicant Name: _____
Last *First*

Applicant Position/Title: _____

Company Name: _____

Company Address: _____
Mailing Address

_____ *City* *Province* *Postal Code*

Work Phone: () _____ Home Phone: () _____

Cell Phone: () _____ Email: _____

Business Structure:

- Corporation Sole proprietorship Partnership
 Other (specify) _____

Number of Employees:

- 0-50 51-100 101-250 250+

Annual Gross Income:

- \$0 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1 Million \$1 Million +

Business Sector: _____

Percentage of business owned by applicant? _____ How many years in business? _____

Required Information to be included with Application Form

Please complete the chart below indicating your estimated expenses and attach a letter explaining how your attendance at the conference would benefit your business and why you are in need of financial support to cover the travel costs related to the conference.

Estimated Expenses	Costs
Travel (Airfare)	\$
Travel (car) _____ Kms @ \$0.25/km	\$
Accommodations _____ nights @ \$_____/night	\$
Total amount Requested	\$

NLOWE OFFICE USE ONLY	
Application Received on:	
Application :	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied
Date Accepted/Denied:	
Maximum Amt. Approved:	\$
Authorized Signature:	
Grounds for Denial:	

Please note that NO meals will be paid from subsidy.

Please fax the completed subsidy form to (709) 754-5003, Attention: Judy Raske

I certify that the information given is, to the best of my knowledge and ability, complete, true and correct and this will also apply to all information given in the future in connection with the Conference Subsidy Application Process.

 (Applicant Signature)

 (Date)