



Northern Early Learning Connection Partnerships

Serving these counties: Antelope, Brown, Boyd, Cedar, Cherry, Dakota, Dixon, Holt, Keya Paha, Knox, Madison, Pierce, Rock, Stanton, Thurston, Wayne

Training Reimbursement Request

Name of Registrant(s) _____

Make check payable to: _____

Address _____

Email _____ Phone _____

Training Date	Title	Location	Amount Paid	Check Number	Registration Date

Reason for not attending training: _____

ELC Refund Policy

Refunds for trainings will be not be considered after the registration deadline. You are welcome to send a substitute in your place. This request must be in writing and submitted via mail or faxed hard copy by training deadline.

Signature _____

Date _____

Return this form before registration deadline to:
Northern Early Learning Connection Partnerships Office
 Educational Service Unit # 1 (Phone: 402-287-2061)(Fax: 402-287-2065)
 211 10th Street, Wakefield, NE 68784
 Attn: Susan Strahm - sstrahm@esu1.org