

I.A.C.H.E.S.

APPLICATION FOR NACE CONFERENCE ATTENDANT AWARD

APPLICATION DATE: _____

YEAR APPLIED FOR: _____

APPLICANT INFORMATION

Applicant: _____

Address: _____

County: _____

Position Held: _____

Phone: _____

email: _____

The following information will be used as selection criteria for the Awards Committee:

- | | | |
|--|-------|----|
| 1 How many years has the applicant held this position? | _____ | |
| 2 Is the applicant a paid in full member of NACE? | Yes | No |
| 3 How many years has the applicant, or their County, been a NACE member? | _____ | |
| 4 Is the applicant a paid in full member of IACHES? | Yes | No |
| 5 Is the applicant an active member in IACHES activities? | Yes | No |

IN THE SPACE PROVIDED BELOW, DESCRIBE HOW ATTENDANCE AT THIS EVENT WILL HELP YOU AND YOUR DEPARTMENT, BETTER SERVE YOUR COMMUNITIES.

AND SEND IT TO:

Jacque Clements
IACHES Executive Secretary
101 W. Ohio Street, Suite 1575
Indianapolis, IN. 46204

e-mail: jclements@indianacounties.org