



## Educational Support Application

Maternal, Infant, & Early Childhood Home Visiting (MIECHV) Program

Strong Families Tribal Home Visiting Conference

Tuesday, July 25, 2017 - 8:30am-4:30pm

Wild Horse Pass Hotel & Casino

5040 Wild Horse Pass Blvd. Chandler, AZ 85226

|                         |  |
|-------------------------|--|
| First and Last Name     |  |
| Organization            |  |
| Job Title               |  |
| Street Address          |  |
| City / State / Zip Code |  |
| Telephone               |  |
| Email                   |  |

|   |  |
|---|--|
| Accommodations Request for July 24-25, 2017 – Single Room | <a href="#">Wild Horse Pass Hotel</a> , 5040 Wild Horse Pass Blvd., Chandler, Arizona, 85226, USA<br>TEL: +1-800-946-4452 FAX: +1-480-967-0224 |
|---|--|

|   |  |
|---|--|
| <input type="checkbox"/> I need only one (1) night hotel accommodation.<br>[Check in: July 24 – Check out: July 25, 2017] | <input type="checkbox"/> I need two (2) nights' hotel accommodation.<br>[Check in: July 24 – Check out: July 26, 2017] |
|---|--|

Recipients of educational support will be notified by email to the address provided on this application. Educational support is limited to the first 75 people eligible to receive it. In the event that we receive more than 75 applications, we will start a waiting list. In the event of recipient cancellations, eligible applicants will be notified in the order in which their application was received. This educational support is for two (2) nights, July 24-25, 2017, sleeping room rate and tax only. Incidental charges are the responsibility of each support recipient. On approximately June 1, 2017, the full rooming list will be submitted to the hotel and you will receive a confirmation number from Veer Consulting Conference Management. Please direct any updates or changes in writing via email to Veer Consulting Conference Management, [dryder@veerconsulting.com](mailto:dryder@veerconsulting.com). *Please do not contact the hotel directly.*

By submitting this application, I affirm that the facts set forth herein are true and complete, and that I am eligible for educational support, residing at least 60 miles from the Wild Horse Pass Hotel & Casino. I understand that if I am accepted as an educational support recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from receiving educational support.

|                     |  |
|---------------------|--|
| Full Name (Printed) |  |
| Signature           |  |
| Today's Date        |  |

Please complete this application, scan it and email it to [dryder@veerconsulting.com](mailto:dryder@veerconsulting.com) or fax it to 480-767-9250. We will acknowledge receipt of your application by email shortly after receipt. If you do not receive notification of receipt, please send an email to verify the status. Thank you and we look forward to seeing you in July at the conference.

**DEADLINE : MAY 31, 2017 BY 5pm (MST)**