



National Interscholastic Athletic Administrators Association Professional Outreach Application

State _____ Application Date _____ Outreach Site _____

Address _____

Phone # _____ e-mail _____

Site Coordinator _____

Address _____

Business Phone # _____ Cell Phone # _____

e-mail _____

Target Audience for Outreach _____

Preferred dates of Program Offering

1ST Choice _____ # Participants _____

2ND Choice _____ # Participants _____

Preferred Option:

_____ **Option a 1-day** (Morning class, Afternoon class)

_____ **Option B** 1day & 1night (Evening class, Morning class)

Estimate of Local Costs: (NIAAA is being requested to pay)

Meeting Room Configuration (ie: Hotel, Classroom, etc) _____

Lunch/beverages _____

Screen/AV cart hook-up _____

Other (specify) _____

(Lodging is the responsibility of the participant or state association)

Signature State Association President _____

Signature State Association Executive Director (if applicable) _____