



SDMS Foundation Annual Conference Grant *Employer Affirmation*

This form is only required if the applicant is currently employed.

Applicant Information

SDMS Member # E-mail

Last Name First Name

Daytime Phone

Employment

My employer provides financial support for the following expenses:

SDMS Annual Conference Expenses	Employer Provided Financial Support		
	None	Partial (provide percentage)	Full
1. Registration Fees	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> %	<input type="checkbox"/>
2. Travel (air, car, etc.)	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> %	<input type="checkbox"/>
3. Hotel/lodging	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> %	<input type="checkbox"/>
4. Meals/per diem	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> %	<input type="checkbox"/>
5. Other costs (taxi, tips, etc.)	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/> %	<input type="checkbox"/>

Employer Affirmation

I hereby affirm that the information provided above is accurate. I understand that providing false or misleading information may result in denial of the application and other actions deemed appropriate by the SDMS Foundation.

Supervisor Signature Date (mm/dd/yyyy)

Supervisor First Name Supervisor Last Name

Employer/Company Name

Address

City State Zip/Postal Code Country

Daytime Phone Email Address

