

**CENTRAL ONTARIO DISTRICT
ALLOWANCE REQUEST FORM - INTERNATIONAL CONVENTION**

Name _____ Position _____

ADDRESS _____

I am requesting the Allowance for the:

Attendance at the training sessions provided at the International Convention

Signature: _____

SIGNATURE NOT REQUIRED IF E-MAILED

**The entitlement must be requested prior to
September 30, 2024.** Please return the
completed form to:

District Secretary/Treasurer:

Michelle Stokes
22 Lyton Cres
Stoney Creek, ON L8J 2C9
mfstokes@outlook.com

**The entitlement must be requested prior to
September 30, 2025.** Please return the
completed form to:

District Secretary/Treasurer:

Brian Wick
1101-711 Rossland Rd E
Whitby, ON L1N 8Z1
bwick@brooklinsigns.com

For Office Use Only:

Budgeted: _____ - Issued _____ = Remaining _____

Paid by Check # _____

Approved by Governor _____