

WOMEN OF TODAY'S MANUFACTURING

Member Education Reimbursement Application

Fill-out form, sign, and mail with proof of course completion and paid receipt to:

Women of Today's Manufacturing
PO Box 7688
Rockford, IL 61126-7688

For Office Use Only	
Amt Paid: \$	_____
Check #	_____
Date Sent:	_____
Authorized by: _____	

First Name

Last Name

Date

Current Mailing Address:

Title of course, seminar, workshop, etc.

Date of Attendance

Please answer the following questions:

Describe the material covered and how it relates to the manufacturing industry.

Why did you decide to take this course, seminar, workshop, etc.?

How would you rate the experience?

1	2	3	4	5	6	7	8	9	10
Poor				Average					Outstanding

Would you recommend it to someone else?

Yes No

Proof of educational opportunity must accompany this application. Request for reimbursement must take place within 30 days of the end of the educational opportunity. A check will be issued in the name of the member. This check will be forwarded via mail to the recipient of the funds. WOTM funds are not meant to reimburse companies or educational opportunities that are funded by any other entity except the member themselves. This program may be terminated at any time by the Board of Directors, and in any event, is in effect only to the extent funds are available.