

Hearing Loss Association of America Rochester Chapter, Inc.

Application for Reimbursement of HLAA Convention Expenditures, General Information

Each year the Rochester NY Chapter of HLAA provides reimbursement to a number of our members who actively contribute to our chapter by their diligent commitment of time, effort and skills. Reimbursement help defray the cost of attending the National Convention. The Application for Reimbursement of HLAA Convention Expenditures is provided as a form of recognition for those who give of themselves on an ongoing basis. This year's reimbursement is a maximum of \$500.00, which will be distributed following the Convention and upon submitting the Application for Reimbursement, included in this packet.

All applicants must submit the Application for Reimbursement Form and be a current member of HLAA National and be an *active and contributing member* of our Rochester Chapter. Those receiving reimbursement agree to spend a minimum of three days at the Convention and be available to participate in one of the two September 2018 Chapter meetings to share their experience at the Convention.

What is an "Active and Contributing member"

A combination of factors will be used to determine an "Active and Contributing Member" of our Chapter. The items listed in the following paragraph will provide helpful guidelines. Not all elements of the criteria must be fulfilled and items not listed may be included. Applicants are indicating their ongoing work and/or accomplishments. While attendance at meetings is beneficial for all, our goal is to reward those who show a commitment to the larger goals of our Rochester Chapter and do so on an ongoing basis.

Examples Of Guidelines For An Active Contributing Member Of Our Chapter

Be a current dues paying Member of our Rochester Chapter and:

Attending 5 or more Chapter meetings in the 12 months prior to submitting the Application for Reimbursement Forms.

Serving on the Chapter Board of Directors. Indicate the approximate number of meetings attended and list accomplishments and projects on which you have worked.

Belonging and contributing to at least one Chapter Committee, attending 4 or more committee meetings, or substantially contributing to the committee and corresponding with committee members via email. List one or more projects on which you have been working for the 6 months prior to your application. Please describe any other significant contributions to the committee that you would like to have considered.

Helping plan and/or volunteering at two or more Chapter events such as: the Chapter Dinner, Featured Speaker Programs, Day of Hearing, Health Fair etc. in the 12 months prior to your application. Describe your contribution.

Please list details of other activities, projects or work you do for the Chapter in the space provided on the Application for Reimbursement Form.

Complete the application below and submit to: Sue Miller 16 Buckthorn Run Victor N.Y. 14564

Applications need to be submitted by May 31, 2018

Note: This packet consists of three parts: Please submit portions to the correct individual

The Application for Reimbursement of HLAA Convention Expenditures, General Information The Reimbursement Application Form **Submit to Sue Miller.(above)**
Submit Page 3 (Reimbursement form) along with receipts to Gerald Loftus, as noted on page 3.

Application for Reimbursement of HLAA Convention Expenditures

Section 1: Applicant Data

Name: _____
(Last) (First) (Middle)

Address: _____
(Number/Street) (City) (zip code)

Phone Number: _____
(Area Code) (Number) (Cell Phone)

Email Address: _____

Are you a Rochester HLAA Member? Yes How Long? _____ No

Are you a National HLAA Member? Yes How Long? _____ No

Section II Contributions to HLAA

In 250- 300 words please describe why you are an actively participating member of the Rochester HLAA Chapter. You may use the criteria listed on page one as a guideline.

Reimbursement Form for HLAA Convention Expenditures

Rochester HLAA will reimburse those who qualified for Convention expenses up to \$500.00 for any combination of: hotel, registration, lodging, transportation and parking. Food, beverages, external events, etc. will not be reimbursed.

Following the Convention Complete this form, staple receipts, and submit to:

Gerald Loftus
21 Lookout View Road
Fairport, NY 14450

Date Submitted

Contact Information for Submitter:

Name

House Number/Street

City/Town/Zip

Name/Address of
Lodging Facility

Mileage will be reimbursed at a rate of 14¢ a mile and will be the distance determined by Map Quest from one's residence to the Hotel at the Convention. The distance will be calculated by our Rochester Chapter.

Name and address of your
lodging facility: _____

THE AREA BELOW IS FOR CHAPTER USE

Total Miles _____ Reimbursement Total _____

Convention Registration:

Hotel/Parking

Transportation/Mileage:

Total: