

UAAACT Team Training Plan

Team Leader _____ Team Letter _____ School Year _____ *Submit to UAAACT Ldshp. Council by 10-10-08.*

Team Member	Name of Training Event	Conference Registration Fee	Round Trip Air Fare	Ground Transportation	Lodging	Meals	Parking	Total Estimated Cost

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Total Estimated Annual Team Training Budget _____

Please attach a letter of support from the Special Education Director of those team members planning to attend training out of state.