

Ohio Association for Developmental Education
Adjunct Conference Award Application

This application is for a Conference fee waiver and conference expense reimbursement for the OADE Conference at Shawnee State Park Lodge, Portsmouth, OH, October 15-17, 2008. Applicants must be currently employed as adjunct professionals in a Developmental Education program operating within the state of Ohio. **First-time attendees only apply.** Please type or write neatly.

Name _____ Date _____

Address _____ Phone _____

City, State, Zip _____

E-mail Address _____

Institution _____

Current Developmental Education role (check one below):

_____ Instructor _____ Counselor _____ Other (specify) _____

Will this be your first OADE Conference? (check one) _____yes _____no
(If no, your application will not be accepted.)

I understand that in submitting this application I am agreeing to attend the OADE Conference for at least the equivalent of one full day during the period of October 17 – 19, 2007.

Signature _____ Date: _____

Please return this application by Sept. 26th, 2008 to:
OADE 4 Year Representative

Michelle R Heckman	
TITLE	Math&Stats Tutoring Ctr Coord
DEPT	Academic Enhancement
ADDRESS	208 Moseley Hall
PHONE	(419)372-9406
EMAIL	mheckma@bgnet.bgsu.edu

OADE 2 Year Representative

Dr. Susannah Horn, Coordinator of the Writing Center

Office: B-110
Phone: 330-684-8962
E-mail: shorn1@uakron.edu

1901 Smucker Road, Orrville, OH
44667 • FAX (330) 684-8989