Professional Development Record

NSBA Conference April 9-11, 2011 San Francisco, CA

Board Member's Name: _____

School District: _____

ASBA
ARKANSAS SCHOOL BOARDS ASSOCIATION

PLEASE PRINT ALL INFORMATION TO ENSURE YOU RECEIVE TRAINING CREDIT!

Date	Session Title	Time	Hours
	Total Training Hours		

Please return this form to ASBA so your training credit may be recorded; make copies as needed. You may fax this completed form to 501-375-2454; or mail it to ASBA, P. O. Box 165460, Little Rock, AR 72216-5460; or scan and e-mail the form to kivy@arsba.org.