



Arkansas Technology Institute Statement of Agreement

Institute Date: _____

Trainee Name (Please print): _____

Trainee

I agree to participate in the Arkansas Technology Institute (ATI) sponsored by Arkansas Educational Television Network (AETN). I realize this is an investment that is being made for me as an educator of the state of Arkansas, and that I must attend every day of the institute. If I do not attend every day, I forgo 30 hours of professional development and reimbursement of expense. In order to receive reimbursement for my expenses, I understand that I must complete and submit an expense form provided by AETN, and include original receipts for allowable expenses. Allowable expenses include: hotel room (not to exceed current state standard rates), meals (one meal/day not to exceed \$10/day). I have submitted a completed W-9 form. This form is necessary for payment to me by AETN. Payment will be made by AETN within three weeks of completion of the institute.

If it is necessary for me to cancel for any reason, I agree to provide a replacement. I understand my registration fee is non-refundable and will not be applied to future institutes. I also understand it is my responsibility to provide a replacement to fulfill my commitment.

Trainee's signature _____ Date _____

Supervisor

I authorize _____ to attend the Arkansas Technology Institute. I am aware of the costs associated with the institute. I am aware that he/she will receive 30 hours of professional development only upon completion of the institute.

Upon completion of the institute I agree that _____ will have the opportunity to do an in-house professional development training for the school in which he/she works, and will be completed before January 2009. I understand that a survey of teachers within the school will be submitted to AETN after in-house training is completed.

Supervisor's signature _____ Date _____

A complete application must include:

- A check for non-refundable \$125 registration fee (make out to AETN/ATI).
- Completed Statement of Agreement signed by trainee and supervisor.
- Completed W9 form from participant.