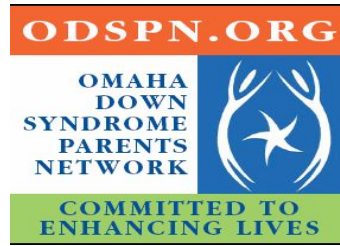


REIMBURSEMENT REQUEST FORM



DATE: _____

APPLICANT'S NAME: _____

ADDRESS: _____

CITY STATE ZIP: _____

PHONE: _____ **EMAIL** _____

Name of seminar/conference: _____

How will this program of activity benefit you or your child:

Total registration cost: _____

**Please return Reimbursement Request Form to:
Omaha Down Syndrome Parents Network
PO Box 31686
Omaha, NE 68131**

Once your form is submitted you will be notified within 5 business days about the status of your reimbursement. A family can request funds up to \$250.00 per year.

**** Please note reimbursements are for registration fees only.**

ODSPN assumes no liability for use of any monies awarded to the applicant or their family and does not endorse any one program or institution based on the awarded reimbursement. ODSPN reserves the right to deny reimbursement requests based on budget restrictions and reimbursement guidelines.