

CUPE PROFESSIONAL DEVELOPMENT FUND
Professional Activity Evaluation Form

**To be submitted within two weeks of the completion of the Professional Activity
The CUPE PD Fund Expense Form must accompany this form.**

Name: _____ Worksite: _____

Professional Activity Attended: _____

Description: _____

Would you recommend this Professional Activity?

Yes

No

Value of Attending: _____

Please forward via E-mail OR Board Courier to: Secretary, CUPE PD Fund

Email: pdfund@cupe997.ca

Board Courier: c/o CUPE Local 997, Lindsay Board Office