

**Saskatchewan Association of
Speech Language Pathologists and Audiologists**

**Request for Honorarium for Council & Committee Chairs
to Attend Council Meetings**

NAME: _____

ADDRESS: _____

CITY/TOWN/POSTAL CODE: _____

COUNCIL POSITION/COMMITTEE: _____

I am currently employed:

By _____
(agency name)

In private practice

I received no salary/remuneration for days when I attend SASLPA Council meetings and I am applying for honoraria for the following days:

Dates	Approved by	Cheque #	Date	Amount
For Office Use Only				

Signature: _____ Date: _____

SEND THIS COMPLETED FORM TO:

SASLPA Treasurer
c/o SASLPA office,
Suite #11, 2010 7th Avenue
REGINA, SK S4R 1C2