

OAKLAND COMMUNITY COLLEGE ®

Please complete and email this form to OCCARP Board Chair, Bob Zemke, at <u>jbzemke@sbcglobal.net</u>. The form **MUST** be submitted **PRIOR** to the activity or travel. Requests accepted at any time of the year.

Name	Date
Activity	
Date of Activity	

Description: (Description of the activity. If applicable, include the full name of the sponsoring organization.)

Reason for Participating: (Describe briefly why you are planning to participate in this activity. If you are presenting, include the title of your presentation.)

Benefits of Participation: