

**Individual Conference Reimbursement**

I, \_\_\_\_\_ (please print name), certify that (1) I will use my personal remote access device for business use, as well as personal use, and (2) the cost of my remote access plans exceeds the \$35 monthly reimbursement that I will receive from ALA.

I understand that the reimbursement will occur after the conclusion of an Association/Divisional Conference\*