



Family, Career and Community Leaders of America®
2025 National Leadership Conference
Orlando, FL
Newcomers Verification Form



Name: _____

School Name: _____

Cell Phone: _____

Email Address: _____

PROFESSIONAL DEVELOPMENT

Date:

List in detail the sessions and events you attended:

Describe how will you use the information presented or learned today in a future FCS course or FCCLA chapter:

*Verification signature:

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*To earn reimbursement, you **must** have this form signed in each signature section by National Staff, a member of the National Consultant Team, exhibitor, or workshop presenter.

TEACHER EDUCATORS VERIFICATION

Name of School:

Graduation year:

Teacher Educator Name:

Teacher educator Email:

Write a few comments to support your student. Briefly introduce this student and highlight how this applicant has personally benefited from participating in the 2024 National Leadership Conference.

Signature of Teacher Educator

Date

To receive your registration reimbursement, upload this form by July 31, 2025 [here](https://wkf.ms/3pVPIXQ) (https://wkf.ms/3pVPIXQ).