



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.

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Signature of Teacher Educator

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Date

To receive your registration reimbursement, upload this form by July 31, 2024 [here](https://wkf.ms/3pVPIXQ) (<https://wkf.ms/3pVPIXQ>).