

SUBMIT COMPLETED FORM TO PROFESSIONAL LEARNING COMMITTEE STAFF SUPPORT

Name Malaika Smith Date 8/20/2024

Department Marketing & Communications Email msmith5304@marin.edu

Title of Activity: UCDA Conference 2024

Meeting Conference Workshop Credit class Noncredit class Webinar

Sponsored by: University and College Designers Association (UCDA)

Location: Indianapolis, Indiana In person Online

Dates of Leave: From 9/26 to 9/29 All day or hours _____

Describe the job-related benefit of this activity: (Include a web link or attach promotional materials for the event.)
The conference has tracks for communication professionals, marketers, and designers in higher education meet and explore the latest trends and issues. This is a valuable professional development opportunity, as well as a chance to interact with others in the field and network. Additional information is at <https://ucda.com/events/151>

After your event, you will be asked to complete a brief survey about the activity.

TITLE V FUNDING AUTHORIZED USES

Activities funded by Title 5 Staff Development Funds must be related to one of the following authorized uses. Please check all categories that apply.

- 1. Improvement of teaching
- 2. Maintenance of current academic and technical knowledge and skills
- 3. In-Service training for vocational education and employment preparation programs
- 4. Retraining to meet changing institutional needs.
- 5. Inter segmental exchange programs
- 6. Development of innovations in instructional and administrative techniques and program effectiveness.
- 7. Computer and technological proficiency programs.
- 8. Courses and training implementing affirmative action and upward mobility programs.
- 9. Other activities determined by the Board of Governors to be related to educational and professional development pursuant to criteria established by the Board of Governors of the California Community Colleges, including but not necessarily limited to programs designed to develop self-esteem.

BUDGET INFORMATION

All items must be completed or the form will be returned.

Roundtrip transportation:

Car: _____ miles @ _____ /mile = \$ _____ 0.00

Airfare: \$ _____ 450.00

Other: Airport shuttles \$ _____ 250.00

Hotel: Your cost for 5 nights is \$ _____ 1,200.00

Conference fee: \$ _____ 1,275.00

Meals: \$ _____ 350.00

Other Fees: \$ _____

Total travel cost: \$ _____ 3,525.00

Amount to be paid from Staff

Development Funds: \$ _____ 500.00


Difference to be paid from other funds \$ _____ 3,025.00

Staff Development FOAP: 11100-51001-52000-675000

SIGNATURES

Malaika Smith 8/20/2024

Employee's Signature Date

 8/20/2024

Supervisor's Signature Date

Chair, Professional Learning Committee Date

Asst. VP of Instruction, Budget Manager Date