



Certified by the Arkansas Department of Education
Professional Development Code #583605170000

2017-2018 Economics Arkansas Professional Development Partnership & Agreement



(Please print)

School District _____ County _____

Superintendent (Dr., Mr., Ms., Mrs.) _____ Telephone _____

Mailing Address _____

City _____ State _____ Zip _____

Fax _____ E-mail _____

Student enrollment of school district _____

District Liaison to Economics Arkansas (Dr., Mr., Ms., Mrs.) _____

Title _____ Telephone _____

School (if applicable) _____

Mailing Address _____

City _____ State _____ Zip _____

Fax _____ E-mail _____

Signature of
Superintendent _____ Date _____
(Or authorized school district representative)

Enclosed is my school district professional development fee of \$_____ for September 2017 – August 2018.

(See chart below to determine fee)

Professional Development Fees	
# of Students	Amount
Up to 500	\$200
501-1,500	\$350
1,501-3,000	\$450
3,001-5,000	\$600
5,001 +	\$750

**Please return completed form and
payment to:
Economics Arkansas
P.O. Box 3447
Little Rock, AR 72203**