

FORMS





PBL Pre-Conference Tests Order Form

School:	Adviser:
Phone with best time to call:	Fax:
Pre-conference test administrator: (May <i>not</i> be an adviser. You may have more than one test administrator, but all tests will be sent to only one person.)	Mailing address of test administrator:

*****All students must pay conference registration fee to participate in these events.*****
*****All tests must be returned to Bismarck regardless of whether or not they are used.*****
SPECIAL NOTE: All objective tests scheduled to be taken at the school-site prior to the State Leadership Conference will be taken online. Instructions for this process will be sent with the preconference tests.

Event	Names of Competitors <i>(For team events, place names of all team members on same line.)</i>
Accounting for Professionals (production test) <i>Individual Event</i> 3 (1-24), 4 (25-49), 5 (50-74), 6 (75+)	1.
	2.
	3.
	4.
	5.
	6.
Administrative Technology (production test) <i>Individual event</i> 3 (1-24), 4 (25-49), 5 (50-74), 6 (75+)	1.
	2.
	3.
	4.
	5.
	6.
Business Communication (writing exercise) <i>Individual event</i> 3 (1-24), 4 (25-49), 5 (50-74), 6 (75+)	1.
	2.
	3.
	4.
	5.
	6.
Computer Applications (production test) <i>Individual Event</i> 3 (1-24), 4 (25-49), 5 (50-74), 6 (75+)	1.
	2.
	3.
	4.
	5.
	6.
Desktop Publishing (objective test) <i>Up to 3 teams of 1 or 2 members each</i> <i>Team tests cooperatively</i>	1.
	2.
	3.
Financial Services (objective test) <i>Team consisting of 1 to 3 members</i> <i>Team tests cooperatively</i> (1-24) 1; (25-49) 2; (50-74) 3; (75+) 4	1.
	2.
	3.
	4.

Continued on next page

Event	Names of Competitors (For team events, place names of all team members on same line.)
Global Analysis & Decision Making (objective test) Team consisting of 1 to 3 members Team tests cooperatively (1-24) 1; (25-49) 2; (50-74) 3; (75+) 4	1. 2. 3. 4.
Help Desk (objective test) Individual event 2 (1-24), 3 (25-49), 4 (50-74), 5 (75+)	1. 2. 3. 4. 5.
Hospitality Management (objective test) Team consisting of 1 to 3 members Team tests cooperatively (1-24) 1; (25-49) 2; (50-74) 3; (75+) 4	1. 2. 3. 4.
Human Resource Management (objective test) Team consisting of 1 to 3 members Team tests cooperatively (1-24) 1; (25-49) 2; (50-74) 3; (75+) 4	1. 2. 3. 4.
Management Analysis & Decision Making (objective test) Team consisting of 1 to 3 members Team tests cooperatively (1-24) 1; (25-49) 2; (50-74) 3; (75+) 4	1. 2. 3. 4.
Marketing Analysis & Decision Making (objective test) Team consisting of 1 to 3 members Team tests cooperatively (1-24) 1; (25-49) 2; (50-74) 3; (75+) 4	1. 2. 3. 4.
Parliamentary Procedure (objective test) 1 team consisting of 4 or 5 members Team tests individually	1.
State Vice President of Operations Application Test	1. 2. 3.

Postmark, Email, or Fax this form by designated date to:

Linda Kuntz
Dept. of Career and Technical Education
600 E. Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
Fax: 701-328-1255
lkuntz@nd.gov



PBL State Officer Application*

Please key this form.

**All information requested is purely voluntary on the part of the applicant and will not be used for determining applicant's qualifications for a North Dakota PBL State Chapter office.*

School attending in 2017-2018		Office sought			
Class this year <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior		Standing in class <input type="checkbox"/> Upper third <input type="checkbox"/> Middle <input type="checkbox"/> Lower third			
Name		Current mailing address			
City	State	Zip	Phone		
E-mail					
Summer mailing address				Phone	
Person to contact in an emergency			Relationship		
Address		City	State	Zip	Phone
PBL activities					
College Major	College Minor		Have you completed or are you enrolled in at least one business course? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to attend all meetings of the State Executive Council: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you employed in a part-time job while attending college? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of hours you usually work per week		Name of employer	
If you are employed, will your employer allow you time off to attend state planning meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Candidate's signature			Adviser's signature		

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Who's Who in North Dakota PBL Award

Every PBL chapter should name at least one PBL member to receive the Who's Who award. Every chapter has a winner. State PBL officers are *not* to be local chapter winners. They receive the award automatically. This award should be given to the person most deserving for service to the local PBL chapter, not necessarily the president, but the member who is always present, always willing to help, etc.

Chapters may have one or more Who's Who recipient.

School Name	Adviser's Signature
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1	Name of Student Receiving Award (please print)
2	Name of Student Receiving Award (please print)

DO NOT LIST STATE OFFICERS

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PBL Adviser Length of Service Award Application

In order to continue the Chapter Adviser Years of Service Award at the state and national level, we need information from each adviser regarding total (broken or continuous) years of service as a PBL adviser. Advisers will be recognized at the State Leadership Conference for 5, 10, 15, 20, and 25 years of service.

If you are eligible for an award this year **and wish to receive the award**, you must complete this form and return it to the state PBL office by the date indicated.

If you are not eligible for an award this year, you don't need to complete this form.

Name	School
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I have a total of _____ years of service (including this year) as a PBL chapter adviser as follows:

From (month/year)	To (month/year)	School Name
From (month/year)	To (month/year)	School Name
From (month/year)	To (month/year)	School Name

Postmark, email or fax this form by designated date to:

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Outstanding Local Chapter Adviser Nomination

No pictures, be brief. State reasons on this form only.

Name of Nominee	
Complete Mailing Address of Nominee	Telephone
E-mail Address of Nominee	
Statement of why the nominee should receive the award:	
Submitted by	Chapter

Postmark, email or fax this form by designated date to:

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lkuntz@nd.gov



Special Needs Assistance Request

The following members or advisers request special assistance or accommodations at the State Leadership Conference. Describe how you believe we could best assist member or adviser with special needs.

Name and type of assistance required:

Name and type of assistance required:

Name and type of assistance required:

Name and type of assistance required.

Chapter

Adviser

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PBL Competitive Event Registration

Chapter Name	# of Members	Adviser's Name
School Phone	School Fax	
Adviser or person to contact if conference is postponed or changed because of inclement weather, or other reason.		Phone
E-mail Address		
Name of alternate person to contact		Phone
E-mail Address		

For each of the following competitive events, supply names of the participants. Under each event name is indicated (by chapter membership) the number of members from each chapter who may enter the event. **Participants must check posted schedules at conference registration to ensure that they are not scheduled for two events at the same time.**

Accounting Principles <i>(Note Course Eligibility Requirements)</i> (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Accounting for Professionals (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	
Administrative Technology (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6	

<p>Business Communication (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Business Ethics (team composed of 1 to 3 members) (1-24) 1; (25-49) 2; (50-74) 3; (75+) 4</p>	A:
	B:
	C:
	D:
<p>Business Law (team composed of 1 to 3 members) (1-24) 1; (25-49) 2; (50-74) 3; (75+) 4</p>	A:
	B:
	C:
	D:
<p>Business Presentation (team composed of 1 to 3 members) (1-24) 1; (25-49) 2; (50-74) 3; (75+) 4</p>	A:
	B:
	C:
	D:

<p>Client Service (1-24) 2; (25-49) 3; (50-74) 4; (75+) 5</p>	
<p>Community Service Project (One team composed of 1 to 3 members)</p>	
<p>Computer Applications (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Computer Concepts (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Contemporary Sports Issues (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Cyber Security (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Desktop Publishing (3 teams of 1 or 2 members each)</p>	A:
	B:
	C:

<p>Emerging Business Issues (team composed of 1 to 3 members)</p> <p>(1-24) 1; (25-49) 2; (50-74) 3; (75+) 4</p>	A:
	B:
	C:
<p>Entrepreneurship Concepts (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Financial Concepts (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Financial Services (team composed of 1 to 3 members)</p> <p>(1-24) 1; (25-49) 2; (50-74) 3; (75+) 4</p>	A:
	B:
	C:
<p>Future Business Educator (1-24) 2; (25-49) 3; (50-74) 4; (75+) 5</p>	

<p>Future Business Executive (1-24) 2; (25-49) 3; (50-74) 4; (75+) 5</p>	
<p>Global Analysis and Decision Making (team composed of 1 to 3 members)</p> <p>(1-24) 1; (25-49) 2; (50-74) 3; (75+) 4</p>	A:
	B:
	C:
	D:
<p>Help Desk (1-24) 2; (25-49) 3; (50-74) 4; (75+) 5</p>	
<p>Hospitality Management (team composed of 1 to 3 members)</p> <p>(1-24) 1; (25-49) 2; (50-74) 3; (75+) 4</p>	A:
	B:
	C:
	D:

<p>Human Resource Management (team composed of 1 to 3 members)</p> <p>(1-24) 1; (25-49) 2; (50-74) 3; (75+) 4</p>	A:
	B:
	C:
	D:
<p>Impromptu Speaking</p> <p>(1-24) 2; (25-49) 3; (50-74) 4; (75+) 5</p>	
<p>Information Management</p> <p>(1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Job Interview</p> <p>(1-24) 2; (25-49) 3; (50-74) 4; (75+) 5</p>	
<p>Justice Administration</p> <p>(1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Local Chapter Annual Business Report</p>	<p>Entering Report: ____ Yes ____ No</p>

<p>Macroeconomics (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Management Analysis and Decision Making (team composed of 1 to 3 members) (1-24) 1; (25-49) 2; (50-74) 3; (75+) 4</p>	A:
	B:
	C:
<p>Management Concepts (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Marketing Analysis and Decision Making (team composed of 1 to 3 members) (1-24) 1; (25-49) 2; (50-74) 3; (75+) 4</p>	A:
	B:
	C:
<p>Marketing Concepts (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	

<p>Microeconomics (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Networking Concepts (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Organizational Behavior and Leadership (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Parliamentary Procedure (One team composed of 4 or 5 members)</p>	
<p>Personal Finance (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Programming Concepts (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Project Management (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	

<p>Public Speaking (1-24) 2; (25-49) 3; (50-74) 4; (75+) 5</p>	
<p>Retail Management (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Sales Presentation (1-24) 2; (25-49) 3; (50-74) 4; (75+) 5</p>	
<p>Social Media Challenge (team composed of 1 to 3 members) (1-24) 1; (25-49) 2; (50-74) 3; (75+) 4</p>	<p>A:</p> <p>B:</p> <p>C:</p> <p>D:</p>
<p>Sports Management and Marketing (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	
<p>Statistical Analysis (1-24) 3; (25-49) 4; (50-74) 5; (75+) 6</p>	

Web Site Design (team composed of 1 to 3 members) (1-24) 1; (25-49) 2; (50-74) 3; (75+) 4	A:
	B:
	C:
	D:

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Conference Event Registration Continued on Next Page



PBL North Dakota State Leadership Conference Registration

Location of conference Grand Forks, ND	Conference dates March 31- April 1, 2017
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School	City
Adviser	

	State officers attending at no charge	\$ 0
	Members attending at \$75 per person	\$
	Advisers attending at \$75 per person	\$
	Guest banquet at \$30 per person (non-PBL member or non-adviser)	\$
	Guest brunch at \$30 per person (non-PBL member or non-adviser)	\$
	TOTAL	\$

Make check payable to North Dakota PBL

Postmark this form and your check by date indicated to:

FBLA-PBL Fiscal Agent
 PO Box 6022
 Bismarck, ND 58506-6022

In addition, please email or fax this form to:

Linda Kuntz
Career and Technical Education
600 E. Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
Fax: 701-328-1255
llkuntz@nd.gov



PBL State Leadership Conference Hotel Reservation

Call:
Canad Inns
 1000 South 42nd Street
 Grand Forks, ND 58201
 Phone: 1-888-332-2623

Conference Dates
March 31-April 1, 2017

Reservation Cut-Off Date
March 14, 2017

NOTE: Refer to block of rooms reserved under ND PBL.

PLEASE NOTE: The Canad Inn is the official conference hotel for this conference and all chapters must make reservations here using the conference rate. All hotel reservations need to be made by phone. It is preferred that reservations be made for the entire chapter at one time.

1. A block of rooms has been reserved at this hotel (**rooms will be released March 15**). Call the hotel with the information on the form available. Any changes must be made with the hotel.
2. Check-in time will be 3 p.m. You must check in no later than 6 p.m. If this is impossible, call the hotel and make special arrangements for late arrival.
3. Check-out time will be 11 a.m. (Check outs after 11:00 a.m. will be subject to the late checkout charge.)
4. Make sure to indicate how many nights you will be staying.
5. Room rates (excluding tax) for a standard room *per night* are as follows:
 - a. Thursday: \$99
 - b. Friday: \$119
6. Please bring tax exempt ID number, if it applies, to receive a tax-free room rate.

Name of School, City:	Number of rooms to reserve:
-----------------------	-----------------------------

Arrival Date:	Departure Date:
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	NAME	TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room A	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple	<input type="checkbox"/> Female	
	4.	<input type="checkbox"/> Quad		

	NAME	TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room B	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple	<input type="checkbox"/> Female	
	4.	<input type="checkbox"/> Quad		

SEND CONFIRMATION TO:

Name	Phone
Address	Fax
City	State Zip

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room C	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room D	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room E	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	SEX	FOR HOTEL USE ONLY
Room F	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		



Meal Function Reservation Form

EMAIL OR FAX TO:

Name Linda Kuntz	Phone 701-328-3174	Fax 701-328-1255
Email llkuntz@nd.gov	Date Sent	

Because some members attend only portions of the conference, and in order to eliminate the waste of unneeded food that is ordered, please complete the information requested below regarding how many people your chapter will have attending the meal functions at the PBL State Leadership Conference.

Number Attending	
	Number attending banquet on Friday, March 31
	Number attending brunch on Saturday, April 1

Please note any special dietary requirements using the Special Needs Assistance Request form.

FROM:

Adviser's Name
School, City

Postmark, email or fax this form by designated date to:

Linda Kuntz
Career and Technical Education
600 E. Boulevard Ave., Dept. 270
Bismarck, ND 58505-0610
Fax: 701-328-1255
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Event Entry Form

This form must be completed and sent for the following events. Please check one:

Desktop Publishing	Web Site Design
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- Provide the URL for Web Site Design.
- Submit color print-outs in a file folder for Desktop Publishing. Each page must be clearly labeled and include the name of the event, state, participants' name(s), and school.

Chapter Name		
Web site URL Address (for Web Site Design):		
Adviser Name		
Adviser Email Address		Phone Number
Team Member Names		

We, the undersigned, attest that the design and creation of this presentation is the original work of the team members. We agree that this presentation may be linked, promoted, and used in any way by North Dakota FBLA-PBL, Inc. for purposes of promoting the association.

Adviser's Signature	Team Member Signature
Team Member Signature	Team Member Signature

Complete this Document Section for All Appropriate Events:

Software Used:
Source of Information:
Copyright Notations:
Instructions for Running Project:
Template(s) Used (source):

Postmark, email or fax this form by designated date to:

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Largest Percentage of Retention in Local Chapter Membership
 (North Dakota Only Event)

School Name and City:

Please fill out the information below. Membership retention will be verified using National PBL membership records.

Number of Members Retained from 2015-16 to 2016-17:
Percentage of Retention:

(To calculate percentage of retention, divide number of members retained by the current number of members.)

List names of members retained from 2015-16 to 2016-17:
 (Attach additional sheet if necessary)

1.	10.
2.	11.
3.	12.
4.	13.
5.	14.
6.	15.
7.	16.
8.	17.
9.	18.

Signature of Chapter President:	Signature of Chapter Adviser:
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