



2024-2025 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 2024 – August 2025. (See chart below to determine fee)**

Professional Development Fees	
# of Students	Amount
Up to 500	\$250
501-1,500	\$400
1,501-3,000	\$550
3,001-5,000	\$700
5,001 +	\$900

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