

Conference/Workshop Request

Submit this form to School Principal for Review

Name: _____

Date: _____

Topic: _____

Date(s): _____

Location: _____

of School Says Absent: _____

of Days Substitute Required: _____

Preferred Substitute: _____

Expenses-

Registration Fee:

Travel:

Meals & Lodging:

Source of Funding: _____

If Hotel is Needed, What Location? _____

*Additional Information:

How will you share the knowledge/information you gained from this conference/workshop?

Staff Signature* _____

Approved
Denied

Authorizing
Signature _____

* Required Field