

# 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