

Request to Attend a Professional Conference

Teacher's Name: _____

Name of Conference: _____

Location of Conference: _____

Date (s): _____

Sponsor: _____

Nature of Conference: _____

Benefit to the District:

Number of school days to be missed: _____

Substitute Teacher Needed: Yes No

 If yes, dates needed: _____

Fees: _____

Other: _____

Total Amount on Check: _____

Make Check Out To: _____

**You must attach the completed registration form for the
conference to this request.**

The check for the conference will not be made out until a registration form is received.

Recommendation of administrator:

Approval of Attendance: _____

Amount Approved: _____

Substitute Hotline Called: Yes No

 Date Called: _____

Administrator's Signature: _____ Date: _____