



PROVISO TOWNSHIP HIGH SCHOOLS DISTRICT 209
NIHIL NISI OPTIMUM, Nothing but the Best

Request to Attend Conference/Workshop

All supporting documentation must be attached to this form, including: agenda, registration form, payment option highlighted, sessions with descriptions, hotel information (if applicable), flight/train information (if applicable). Must submit at least 4 weeks prior to registration deadline for in-state travel and 8 weeks prior to registration deadline for out-of-state travel.

Select School: East West PMSA District

Request Date: _____ Conference Date(s) _____ Time: _____

Registration Deadline: _____ Conference Title: _____

Conference Location: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Sub Needed? Yes No If yes, which periods? _____

Anticipated Expenses

\$ _____ Registration Fee Payment Options:

\$ _____ Mileage/parking/Tolls (\$ 0.58 per mile)

\$ _____ Meals (*refer to Conference and Travel Procedures*)

\$ _____ Hotel

\$ _____ Airfare Flight Preference Morning Afternoon Evening

Only required if flight is needed: Date of Birth Cell Number

\$ _____ Other Expenses: Please explain

\$ _____ Total Anticipated Itemized Expenses

Approved by:

Chair/Supervisor _____ Date _____

Principal/Administrator _____ Date _____

Director of Specialized Services _____ Date _____

(required for all special education topics)

Assistant Superintendent for Academics _____ Date _____

Superintendent _____ Date _____

(required for ALL out of state travel)

Office use Only

Funding Source: Title I Title II CTEI Perkins Local IDEA LIP/LEPS