



# 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 ( \$ 0.62 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 \_\_\_\_\_

Special Education Administrator \_\_\_\_\_ Date \_\_\_\_\_  
(*required for all special education topics*)

Deputy Superintendent \_\_\_\_\_ 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