

**WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT**  
Request for Conference, Workshop Attendance

6160F

Date: \_\_\_\_\_

Permission is requested to attend a conference/workshop as follows:

Person Making Request: \_\_\_\_\_ Building: \_\_\_\_\_

Name of Conference/Workshop: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Purpose of Conference: \_\_\_\_\_

Describe how the conference relates to your professional growth, District Outcomes, and State Learning Standards:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete and return a *Conference Summary Form* to your building principal within two weeks after completion of the requested conference. Please send out of district pd certificates to the Office of Instruction.**

Estimated Costs:

Food: \_\_\_\_\_

Lodging: \_\_\_\_\_

Transportation: \_\_\_\_\_

Registration: \_\_\_\_\_

**Estimated Total Cost:** \_\_\_\_\_

Conference expenses charged to:

Department: \_\_\_\_\_

Budget code: \_\_\_\_\_

PO#: \_\_\_\_\_

Supervisor's Recommendation: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Reason(s): \_\_\_\_\_

Signature \_\_\_\_\_

Central Administration: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Reason(s): \_\_\_\_\_

Signature \_\_\_\_\_

One copy stays with the Office of Instruction  
One copy to requestor

**Attach all conference registration information and forms.**

Revised: 09-15-2020