

# BIG BEAVER FALLS AREA SCHOOL DISTRICT

## CONFERENCE REQUEST FORM

- NOTE:**
1. Submit when signed by supervisor
  2. Attach a copy of the program
  3. Submit at least two weeks **prior** to the conference .

### A. GENERAL INFORMATION

Name(printed)\_\_\_\_\_Date\_\_\_\_\_

Position\_\_\_\_\_Building\_\_\_\_\_

Conference\_\_\_\_\_Location\_\_\_\_\_

Sponsoring  
Agency\_\_\_\_\_Date\_\_\_\_\_

Are you on the program? Yes\_\_\_ No\_\_\_

Are you a member of the sponsoring agency? Yes\_\_\_ No\_\_\_

Purpose for attending the conference\_\_\_\_\_

Number of workshop/conference attended this year \_\_\_\_\_

### B. GOALS AND PRIORITIES

- 1) What district (Strategic Plan) priorities will be achieved?

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- 2) What skills or applications within your classroom or position will result from your attendance?

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**C. ESTIMATED EXPENSES**

- |    |   |                 |
|----|---|-----------------|
| 1) | Travel  |                 |
|    | Air, Rail, Bus  | \$ _____        |
|    | Automobile _____ Miles @/mileage allowance _____            | \$ _____        |
| 2) | Registration Fees (Do not include dues to the organization) | \$ _____        |
| 3) | Lodging _____ Nights @ \$ _____                             | \$ _____        |
| 4) | Meals _____ Days  | \$ _____        |
| 5) | Miscellaneous Expenses (Turnpike tolls, tips,taxes)         | \$ _____        |
|    | <b>TOTAL</b>  | <b>\$ _____</b> |

Number of days for substitute \_\_\_\_\_

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|                         |  |
|-------------------------|--|
| _____                   | _____                                  |
| Date                    | Signature of Employee                  |
| APPROVED - NOT APPROVED | _____                                  |
|                         | Signature of Building Principal        |
|                         | <b>Budget Code</b> _____               |
| APPROVED - NOT APPROVED | _____                                  |
|                         | Signature of Central Office Supervisor |

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The request to attend the conference is/is not approved. The maximum approved cost to the district is  
\$ \_\_\_\_\_

|       |                             |
|-------|-----------------------------|
| _____ | _____                       |
| Date  | Signature of Superintendent |