



**Madison School District**  
3498 Treat Highway, Adrian, MI 49221  
517-263-0741  
www.madisonk12.us

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### Conference Request Form

Please complete the form below to request attendance at a professional conference during the 2024-25 school year. Provide as much information as possible. Return the form to the Central Office no later than **Friday, June 14, 2024**.

Name: \_\_\_\_\_

Department/Grade Level: \_\_\_\_\_

Substitute Needed?:  Yes  No  Half Day

Conference Requested: \_\_\_\_\_

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

Date(s): \_\_\_\_\_

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

Estimated Mileage: \_\_\_\_\_

Hotel Accommodations Needed?  Yes  No

Estimated Hotel Cost: \_\_\_\_\_

Estimated Total Expenditures: \$ \_\_\_\_\_

How does the conference align with the District Improvement Plan?

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

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

Approved:  Yes  No Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Account Code: \_\_\_\_\_