

# MILLBURY PUBLIC SCHOOLS CONFERENCE OR WORKSHOP REQUEST FORM

Date of request: \_\_\_\_\_

Directions: To request attendance at a conference or other professional activity, please fill out this form completely. The following information is required before final approval can be given:

- Principal's Signature
- Copy of the conference/workshop brochure or flyer indicating the description, fee and location must be attached to this form
- Account that the conference/workshop will be paid from

*The district will not reimburse staff members for conference registrations without prior approval.*

Name: \_\_\_\_\_ School/Grade: \_\_\_\_\_

I am requesting:  attendance only       payment or reimbursement

Conference/Workshop Titel/Topic: \_\_\_\_\_

Conference/Workshop date(s): \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Title of Conference/Workshop: \_\_\_\_\_

Location of Conference/Workshop: \_\_\_\_\_

Will Substitute Teacher coverage be required?  Yes (please post to ReadySub)       No

### Step 1: Registration

All conference/workshop registrations that have a fee require a purchase order and must be processed through Central Office.

_____	_____
Check payable to (as designated on conference notice)	Amount

\_\_\_\_\_

Address of Conference Sponsor (Street, City, State, Zip Code)

### Step 2: Goal Alignment

Identify and explain how the conference is aligned to district and school learning plans, and/or individual SMART goals and Individual Professional Development Plan (IPDP).

District Learning Plan Goal       School Learning Plan Goal       SMART goals/IPDP

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

Step 3: Follow-up

Following my participation, I understand that I must present this information to my administrators, staff, and/or a team of teachers. The presentation must include more than sharing of conference/workshop handouts.

Staff/Team/Group to be presented to: \_\_\_\_\_

Anticipated date of presentation: \_\_\_\_\_

Format/Summary of follow-up presentation:

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Step 4: Approval and Account Information

- Request has been
- Approved for attendance only
  - Approved for reimbursement
  - Approved for district payment

Account Name/Number: \_\_\_\_\_

Grant Fund/Source: \_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Curriculum, Instruction, and Assessment / Director of Pupil Services

\_\_\_\_\_  
Date