



**ATTACH CONFERENCE INFORMATION (EMAIL, FLYER, MAILING, ETC.) WITH YOUR APPLICATION. CONFERENCE APPROVAL MUST BE COMPLETED BEFORE APPLICANT ATTENDS THE CONFERENCE.**

## USD 422 CONFERENCE APPLICATION

Conference Title: \_\_\_\_\_

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

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

Conference Time:                      AM    PM    All Day

Will You Need a Sub?                      YES    NO

District Transportation?                      YES    NO

NOTE: If you need district transportation, please attach a Transportation Request to this form.

Please list reasons why you would like to attend, and how the conference will benefit your position:

## DISTRICT REIMBURSEMENT

If seeking District reimbursement, complete the projected cost information in the left column. After attending the conference, please complete the actual cost information in right column, attach receipts, and return to the Office of the Superintendent.

	Projected Cost:	Actual Cost:
REGISTRATION	_____	_____
MEALS	_____	_____
HOTEL	_____	_____
OTHER COSTS*	_____	_____

\*Please Identify Other Costs:

## ADMINISTRATIVE APPROVAL

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Principal Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Superintendent Signature*

\_\_\_\_\_  
*Date*