



UNION COUNTY
SCHOOL DISTRICT

Building The Future One Child At A Time

CONFERENCE/WORKSHOP REQUEST FORM

Teacher's Name _____ School _____

Grade(s) Taught _____ Subject Area(s) Taught _____

Title of Conference/Workshop _____

Date(s) of Conference/Workshop _____

Will this require overnight accommodations (hotel)? [] YES [] NO

Location of Conference/Workshop _____

Principal's Signature _____ Date _____

PRIOR TO SUBMISSION:

*Staple the completed registration form to this request form and submit to the central office.

UPON APPROVAL:

*The registration form and registration fee will be submitted for you unless online registration is required.

*You will receive an approved copy of this form with a blank travel form and travel policy.

IMMEDIATELY FOLLOWING THE CONFERENCE/WORKSHOP:

*Forward to the central office your approved copy of this form, the meeting agenda, and completed travel form signed.

*If overnight stay was approved, attach lodging receipts to travel form.

To be completed by central office personnel:

Funding Source _____

Funding Approved _____

Superintendent's Signature _____ Date _____

KEN BASIL
Superintendent

WINDY FAULKNER
Assistant Superintendent

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