

**MARLETTE COMMUNITY SCHOOLS
CONFERENCE REQUEST FORM**

1. Employee Section

Employee Name _____ Date _____

Name of Conference _____ Date(s) _____

Estimated Costs:	Registration Fee	\$ _____
	Transportation	\$ _____
	Lodging	\$ _____
	Other Costs:	\$ _____ (explain: _____)
	Total	\$ _____

Employee Signature _____ Date _____

Submit to Principal/Supervisor

2. Administration Review ~ Form will be returned to Employee after Administrative Review

Approved _____ Disapproved _____ Principal's Signature _____ Date _____

Professional Development Account Number _____

Approved _____ Disapproved _____ Superintendent's Signature _____ Date _____

Upon Administrative Approval, please complete the following only if a hotel is needed.

Hotel Information

Hotel Name _____

Hotel City _____ Phone Number _____

Reservation Number (Please attach confirmation) _____

Note: Employees will reserve their own hotel rooms using their personal credit/debit cards. Upon receipt of this form, the District will contact the hotel and change the reservation charge to the District's card number.

Conference Information

Conference Registration will be completed by the Employee. If a Purchase Order is needed, please contact the Principal for entry. Attach registration information **ONLY** if the Superintendent's Office needs to complete a registration.

Please return completed form with hotel information (if applicable) to Superintendent's Office.