

**BLOOMINGDALE PUBLIC SCHOOLS  
CONFERENCE REQUEST FORM**

**\*To be completed by staff member at least 15 school days prior to conference date.**

NAME \_\_\_\_\_ BUILDING \_\_\_\_\_ DATE \_\_\_\_\_

Name of conference \_\_\_\_\_  
(Please attach information brochure and completed registration form)

Date(s) of Conference \_\_\_\_\_ Location of Conference \_\_\_\_\_

Rationale for improving my professional skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*This section MUST be completed if you wish to be reimbursed for any expenses.**

Estimates of costs to be reimbursed:

Registration \_\_\_\_\_ Make Check Payable To \_\_\_\_\_

Lodging \_\_\_\_\_

Mileage \_\_\_\_\_

Other \_\_\_\_\_

Other Staff Members Attending the Same Conference \_\_\_\_\_

Substitute Needed?     Yes         No

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account to be Charged

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date