

312 East Forest Avenue West Chicago, Illinois 60185

Conference/Workshop Approval Form

*This form must be submitted <u>10 working days prior</u> to the event

*Please attach completed event registration document, if available

Today's Date:			Building:					
Name:		-	Position:				IEIN:	
Title of Event:								
Event Location/Ac	ldress:							
Meeting Date (s):								
Sub Required:		Half Day AM		Half Day PM			o Sub Needed	
		Estima	ated Expe	nses				
Travel: <u>Reimbursed</u>	@ 0.625/mi							
Total Miles (Round	Total \$							
Lodging: Number o			Total \$					
Meals:								
Number of BreakfastNumber of Lu(max \$11.00/meal)\$(max \$12.00/r							f Dinners: .00/meal) \$	
Registration Fee: \$		Is fee to be sent	,	No		l Expens		
	MUST SUBMIT	RECEIPTS FOR TAX IS NOT			MENT RI	EQUES	ſS	

1. Give a brief description of why you want to attend this meeting, and what you anticipate you will learn as a result of attending this meeting.

2. The selected workshop/PD aligns with the Strategic Plan Goal(s) indicated below (mark all that apply):

Student Growth and Achievement	□ Family Engagement and Community Partnerships					
Learning Culture of Equity, Engagement, & Agency	Effective & Innovative Use of Resources					
Professional Culture of Teamwork and Continuous Improvement						

Participant Signature:	Date:
Building Principal Signature:	Date:
District Office Administrator Signature:	Date: