

**Fowler Public School Staff  
CONFERENCE REQUEST FORM**

Name: \_\_\_\_\_

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

Date of Conference: \_\_\_\_\_ Location: \_\_\_\_\_

Cost of Registration: \_\_\_\_\_

Estimate of Mileage: \_\_\_\_\_

Cost of Overnight Accommodations (if approved): \_\_\_\_\_

Number of Meals required (if not part of Registration):

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Other staff members attending the same conference: \_\_\_\_\_

Number of days required for a substitute: \_\_\_\_\_

Describe how your attendance at this conference will assist you in meeting goals for your classroom and overall benefit Fowler Public Schools: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_  
Principal/Supervisor Signature

\_\_\_\_\_  
Date

Account number: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

\_\_\_\_\_