

Hamilton CCSD #328 - Conference Request Form

Name: _____

Building: _____

Date of Request: _____ Dates of Conference: _____

Name of Conference: _____

Location of Conference: _____

Purpose of Conference: _____

Registration Cost: _____ PD Hrs: _____

Attach any paperwork needed to register you for the conference

Check all that apply:	This conference is:	<input type="checkbox"/> Online	<input type="checkbox"/> In-Person
I need:			
Hotel <input type="checkbox"/>	Travel (choose one):	Driver's Ed car: <input type="checkbox"/>	
Meals <input type="checkbox"/>	Gas: <input type="checkbox"/>	Mileage: <input type="checkbox"/>	
* If you marked any of these boxes, contact the district office to make arrangements.			

Principal _____ Date _____

Superintendent _____ Date _____

Please Note, you will still need to enter a Skyward leave request as a School Function if this conference request is approved.
Please put the name of the conference in the description.