



UNION COUNTY  
SCHOOL DISTRICT

*Building a More Perfect UNION*

**CONFERENCE/WORKSHOP REQUEST FORM**

Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

Grade(s) Taught \_\_\_\_\_ Subject Area(s) Taught \_\_\_\_\_

Title of Conference/Workshop \_\_\_\_\_

Date(s) of Conference/Workshop \_\_\_\_\_

Will this require overnight accommodations (hotel)?     ]YES     ]NO

Location of Conference/Workshop \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRIOR TO SUBMISSION:**

\*Staple the completed registration form to this request form and submit to the central office.

\*Information must be submitted one week prior to the next scheduled board meeting.

**UPON APPROVAL:**

\*The registration form and registration fee will be submitted for you.

\*You will receive an approved copy of this form with a blank travel form on the back.

**IMMEDIATELY FOLLOWING THE CONFERENCE/WORKSHOP:**

\*Forward to the central office your approved copy of this form with the back side (travel form) completed.

\*If overnight stay was approved, staple all meal and lodging receipts to the back.

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To be completed by central office personnel:

Funding Source \_\_\_\_\_

Funding Approved \_\_\_\_\_

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

RUSSELL TAYLOR  
*Superintendent*

WINDY FAULKNER  
*Assistant Superintendent*

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