

**Dolores Schools Re-4A Workshop/Conference Request Form**

*Must be submitted 2 weeks prior to conference*

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Date(s) of Conference: \_\_\_\_\_ Conference Site: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ (please attach a complete copy of the registration)

Cash: (For Meals, Parking, etc.) Meals: Yes (how many) \_\_\_\_\_ No \_\_\_\_\_

Parking: Yes \_\_\_\_\_ No \_\_\_\_\_ (Please return receipts for meals and other expenses)

Room Reservations: Yes \_\_\_\_\_ (please give the dates for reservations)

Arriving Date \_\_\_\_\_ Departing Date \_\_\_\_\_ No reservation needed \_\_\_\_\_

If available do you wish to stay at the conference site: Yes \_\_\_\_\_ No \_\_\_\_\_

Additional requests: (non-smoking etc) \_\_\_\_\_

To reserve a vehicle please fill out a vehicle request form and submit it to the transportation department: \_\_\_\_\_

Gas Credit Cards: Yes \_\_\_\_\_ No \_\_\_\_\_

Airline Tickets: Yes \_\_\_\_\_ No \_\_\_\_\_

Departure date / time \_\_\_\_\_ Return date / time \_\_\_\_\_

Car Rental: Yes \_\_\_\_\_ No \_\_\_\_\_

The cost of the conference will be taken from which account: \_\_\_\_\_

Any additional reimbursement: \_\_\_\_\_

Describe the content and benefits of this conference

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*The day before departure for the conference please come by the district office and pick up any checks, credit cards, etc. that have been requested. **Don't forget to submit vehicle requests to the transportation department.***