## **HARVEY PUBLIC SCHOOLS DISTRICT 152**

## CONFERENCE / CONVENTION / WORKSHOP ATTENDANCE REQUEST

Please submit one copy of any information you may have concerning this request at least TWO WEEKS BEFORE requested c / c / w date(s). (PLEASE PRINT)

Name of Person:	Breona Johnson						
Grade / Subject / School:	School Psychologist/Bryant, Brooks, Holmes						
Name / Date of C / C / W:	National Association of School Bychologist/July 8-10						
Location of C / C / W:	- Phoenix, AZ						
Give a tenative summary of expected expenses:							
	Registration: \$ 619.00						
	Travel: \$ 571.96 By 6 RECO						
	Food: \$ Kw U						
	Lodging: \$						
	Other: \$						
	Estimated Total: \$1,196.96						
Will a substitute be requi	red? Yes: No: All Day? Yes: No: AM / PM						
Long Range Plan:	Goal: Explain what you desire to gain by attendance:						
Allowing me to attend ,	will Keep my National Certification School Bychologist (NCSP)#40689 art						
Also I will continue to	continue to utilize and share information w/ families and staff						
5/3/19	Distanto Bon D						
Applicant's Signature & Date	Principal's Signature & Date  Administrator's Signature & Date						
NOTE: IF APPROVED, A WRITTEN REPORT MUST BE SUBMITTED TO SUPERINTENDENT OR ADMINISTRATOR WITHIN ONE WEEK AFTER THE CONFERENCE / CONVENTION / WORKSHOP.							
	OFFICE USE ONLY						
APPROVED	DATE DISAPPROVED DATE						
Account Name & Number:	10.5.2210.390.4620.99.02						
PO#	CHECK REQUEST: Accounts Payable Payroll Imprest						
Substitute Account Name &	Number:						
Name of Substitute Called							
Mus 2	ell 6-4-19 ( ) ~ 6-5-R						
Business Manager Sig	nature / Date Superintendent's Signature / Date						

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## REGISTRATION FORM

NASP Y

NATIONAL ASSOCIATION OF School Psychologists

NASP 2019 Summer Conference | July 8-10 | Phoenix, AZ

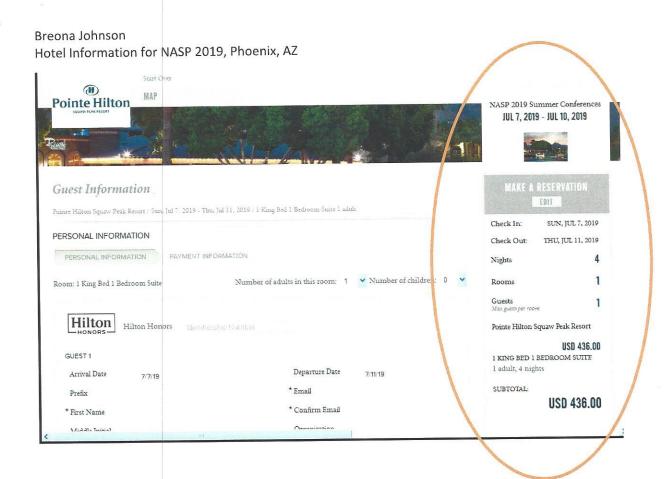
Name Breara Johnson				Address 2444 183rd Street			
Credentials School Psychologist Ed.S city Lansing							
NASP Member # 979974 Zip Code GOH							
	Sillian and the second sillians of the second	pologist		E-mail bres	snajlo agnail com		
Job Title School By chologist E-mail breary 10 agricil. Com  Finally of HRVEN School District 152 Phone Number 708 646 4733							
Employer Harvey School District 152 Phone Number 708 646 4733							
		VII.					
		TRATION RATES  EARLY CAREER/ NONMEMBER  STUDENT MEM.		PAYMENT INFORMATION  Print or type all information and return with payment to:			
1 Day of Conference	\$209	\$169	\$389	NASP 2	019 Summer Conferences		
2 Days of Conference 3 Days of Conference	\$389 \$559	\$309 \$429	\$569 \$739	P.O. Box Baltimo	re, MD 21279-0469		
TOTAL	\$	\$	\$	LLCHE	CK ENCLOSED - To receive the Early Registration Rate, checks must		
WORKSHOPS FULL RATE MEMBER		EARLY CAREER/	NONMEMBER	be cl	be cleared by the bank no later than May 8, 2019. Payment by check for the Full Registration Rate must be cleared by the bank no later than June 14, 2019. Please allow up to 2 weeks for checks to be processed.		
(After 5/8/19)	WEINIBER	STUDENT MEM.			)		
1 Day of Conference		\$229	\$449		Make checks payable to: National Association of School Psychologists (NASP)		
2 Days of Conference 3 Days of Conference	\$449 \$619. a	\$369 \$489	\$629 \$799	1000 1000000000000000000000000000000000			
TOTAL	\$619 \$619	\$	\$	2000 00 0	OT CARD NO.		
DDEDaDE					□ Visa □ MC Exp. Date Name on card		
PREPaRE Rates are the same for both NASP members and nonmembers. PREPaRE attendeds do not need to register for the main summer conference if they are only taking PREPaRE workshops.			PREPaRE	REGISTRATION TOTAL: \$			
			ance if they are	\$200 \$440 \$440 \$400 \$400 \$400 \$400 \$400			
EARLY RATE Through 5/8/19		FULL RATE After 5/8/19		( ) I have read, understand, and agree to abide by the cancellation policies outlined on the NASP website.			
PREPare Workshop 1	\$209	\$249	,	Slanatu	re		
PREPARE Workshop 2	\$399 \$	\$459 <b>\$</b>	\$459				
					No.		
			chaice of one A.M. and one elect workshops on the sai		one full-day workshop, or PREPaRE workshop(s). If you register for		
PREPaRE: If you select W	orkshop 2, you will l	be registered for Tueso	day and Wednesday.				
Monday, July 8, 201	9	Tu	uesday, July 9, 2019		Wednesday, July 10, 2019		
A.M. Sessions:  VI WS01MAZ   TIWS02MAZ  WS03MAZ   TW504MAZ		Full Day Session:   A.M. Sessions:  WS09TAZ VI WS11TAZ			A.M. Sessions:		
P.M. Sessions; I"] W\$Q5MAZ ☐ W\$Q	6MAZ	□ WS10TAZ			P.M, \$essions:  WS19WAZ WS21WAZ		
WS07MAZ ILIWS0			<b>M. Sessions:</b> WS12TAZ LIWS13TAZ		V7W520WAZ □W522WAZ		
PREPaRE Workshop 1 (3rd Edition):  ☐ PPO1AZ		WS12TAZ ILIWS13TAZ ZIWS14TAZ		•	PREPARE Workshop 2 (3rd Edition):		
			REPARE Workshop 2 (3rd E PPO2AZ (Day 1)	dition):	□ PPO2AŽ (Day 2)		

Changes and Cancellations: Refunda (loss a \$50 administrative fee) will be granted until June 14, 2019; no refunds will be issued after this date. All cancellations and changes must be submitted in writing to convention@naspweb.org. Questions? Please contact us at convention@naspweb.org, 866-331-6277, or 301-657-0270.

NASP will make every effort to provide vegetarian and gluten free options. If you have a medical dietary restriction, please e-mail Cheri Gainor, Manager, Meetings at cgainor@naspweb.org by June 3, 2019.

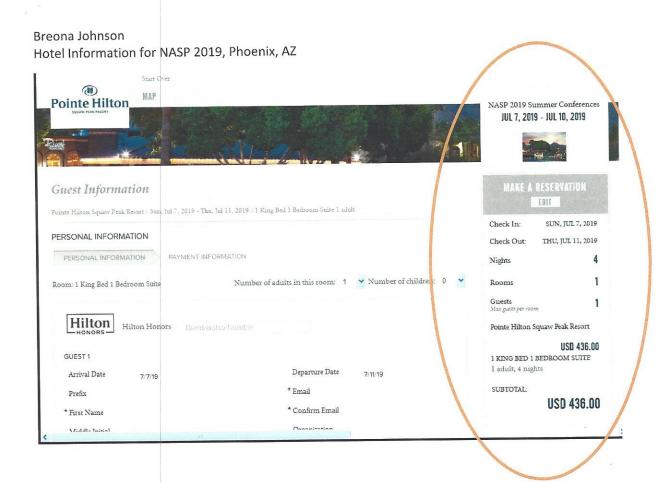
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This is the discount link for the NASP 2019 Summer Conference:

https://book.passkey.com/event/49837225/owner/2549/home



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