

# 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).

Name of Person (please print): NICOLE WRIGHT

Grade/Subject/School: C.D.

Name/Date of C/C/W: IAB TRIPLE I CONFERENCE Nov. 22-24, 2013

Location of C/C/W: CHICAGO, IL

Give a tentative summary of expected expenses(s):

Registration:	\$	_____
Travel:	\$	_____
Food:	\$	_____
Lodging:	\$	_____
Other:	\$	_____
Estimated Total:	\$	_____

Will a substitute be required? Yes \_\_\_ No  All Day? Yes \_\_\_ No \_\_\_ AM \_\_\_ PM \_\_\_

LONG RANGE PLAN  GOAL Explain what you desire to gain by attendance:  
TO ENHANCE KNOWLEDGE & SKILLS TO PERFORM TASK AS THE BOARD SECRETARY & ASSISTANT TO DISTRICT OPERATIONS

Nicole Wright 9/11/13 \_\_\_\_\_  
Applicant's Sig/Date Principal's Sig/Date Administrator's Sig/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: \_\_\_\_\_

PO # \_\_\_\_\_ CHECK REQUEST: Accounts Payable \_\_\_\_\_ Payroll \_\_\_\_\_ Imprest \_\_\_\_\_

Substitute Account Name/Number: \_\_\_\_\_

Name of Substitute Called: \_\_\_\_\_

[Signature] \_\_\_\_\_  
Business Manager Signature/Date Superintendent's Signature/Date

# DISTRICT REGISTRATION FORM

**Must be mailed — do not fax.**

Date received \_\_\_\_\_  
(IASB use only)

## IASB · IASA · IASBO Joint Annual Conference

**November 22-24, 2013**

This form can be downloaded and filled out online OR downloaded, printed and filled out by hand; however, **two (2) copies** of the completed forms must be **printed and mailed with payment** to IASB.

District Name and Number Harvey Schools District 152 County COOK  
Address 16001 Linestri City Harvey Zip Code 60426 Telephone 708-333-0300  
Fax 708-333-0319

Credit Card Information:  Visa  MasterCard  Discover Credit Card \_\_\_\_\_  
A \$10 non-refundable processing fee will be added to each credit card transaction.

Make sure all credit card information is current. If utilizing a credit card, make sure the daily limit will cover all submitted fees. Security code not required.

Card Holder \_\_\_\_\_ Exp. Date \_\_\_\_\_ Email \_\_\_\_\_

\*Board Members \_\_\_\_\_ Spouse/Children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


Superintendent \_\_\_\_\_

Business Official \_\_\_\_\_

District Secretary/Admin. Asst. Nicole Wright

Other Administrators \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

District Attorney \_\_\_\_\_

Special Needs  \_\_\_\_\_  
\_\_\_\_\_

1 Total paid member district registrants, \$390 each .....\$ 390  
After October 25, \$415 each  
Total Spouse/Children (complimentary) \_\_\_\_\_  
**TOTAL REMITTANCE** .....\$ 390

\*Paid board member registrants earn 30 IASB Leadership and Development credits for conference attendance.

Make check payable to the ILLINOIS ASSOCIATION OF SCHOOL BOARDS.  
Send check or current credit card information and **TWO (2) COPIES OF THIS FORM** to IASB  
Conference Registration/Housing, 2921 Baker Drive, Springfield, Illinois 62703-5929. Registration  
forms received without total payment cannot be processed. Purchase orders cannot be accepted.

\_\_\_\_\_  
(IASB use only)