

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: BOARD OF EDUCATION SECRETARY

Name/Date of C/C/W: TRIPLE III CONFERENCE

Location of C/C/W: CHICAGO, IL NOV. 21-23 2014

Give a tentative summary of expected expenses(s):

Registration:	\$ <u>430.00</u>
Travel:	\$ _____
Food:	\$ _____
Lodging:	\$ <u>174.00</u>
Other:	\$ _____
Estimated Total:	\$ _____

Will a substitute be required? Yes ___ No X All Day? Yes ___ No ___ AM ___ PM ___

LONG RANGE PLAN ___ GOAL ___ Explain what you desire to gain by attendance:
ENHANCE PROFESSIONAL SKILLS AS THE SECRETARY TO BUS. + BOARDS OF EDUCATIONAL SECRETARY

Nicole Wright _____
 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





ENHANCE THE PROFESSIONAL SKILLS *of your district's* SECRETARY/ADMINISTRATIVE ASSISTANT

Make the Connection

Topics to be presented this year include educational tracks designed to appeal to those new to the position and to those who have served their boards and districts for years.

DON'T MISS...

- Networking,
- Presentation of the Holly Jack Award,
- Opening Session: "The Latest Innovation is YOU,"
 - plus 12 great educational sessions to choose from!

November 21-22, 2014 • Swissotel Chicago

To attend, Secretaries/Administrative Assistants **must be paid registrants for the IASB/IASA/IASBO Joint Annual Conference**. When you complete your registration materials, remember to include this important member of your district team.

BENEFITS INCLUDE:

- **Attending all of the General Sessions, the Exhibit Hall, the bookstore, and other conference panel sessions.**
- Networking with other secretaries from across Illinois.
- Enhancing the knowledge and skills necessary to effectively perform the many services this individual provides to your district.

REGISTRATION:

- There is **no extra cost** for the secretaries' program; however, all attendees **must be paid registrants** for the 2014 Joint Annual Conference.
- Use the line on the registration form dedicated to **District Secretary/Administrative Assistant**. Those registered as a District Secretary/Administrative Assistant will automatically be included in the count for this program. No additional registration will be required.
- Remember to include your secretary when **making housing arrangements**.

Registration materials for this year's conference are available online at www.iasb.com.

DISTRICT HOUSING FORM

Must be mailed — do not fax.

IASB Meeting & Convention Department will place your hotel request and return a copy, with the hotel circled to where housing will be forwarded. **Before completing this form please read the housing information.** After you receive your confirmation from the placed hotel, communication regarding hotel accommodations should be directed to the hotel inhouse reservation manager of the assigned hotel.



County Code # _____ Dist. No. 152 E-mail nwright@harvey152.org
 Dist. Telephone 708 333-0300x29 Fax 708 333-0349
 Superintendent DR. DENEAN ADAMS
 District Name/Number HARVEY School District 152
 Street 1601 S. LINCOLN AVE.
 City/State/Zip HARVEY, IL 60420

Credit Card Information: Visa MasterCard Discover Credit Card # _____ Exp. Date _____

If utilizing a credit card, make sure the daily limit will cover all submitted fees. Security code not required. **A \$10 non-refundable processing fee will be added to each credit card transaction.** Cardholder Signature _____

	ROOM RATE	Name ONLY hotels that you will accept.
Hyatt Regency Chicago (Headquarters), 151 East Wacker Drive, 312/565-1234	\$183	1. <u>MARRIOTT</u>
Sheraton Chicago (Headquarters), 301 East North Water Street, 312/464-1000	\$183	2. _____
Chicago Marriott, 540 North Michigan Avenue, 312/836-0100	\$174	3. _____
Embassy Suites, 511 N. Columbus Drive, 312/836-5900	\$193	4. _____
Fairmont Hotel, 200 N. Columbus Drive, 312/565-8000 (complimentary Internet)	\$175	5. _____
Intercontinental Hotel, 505 North Michigan Avenue, 312/944-4100 (complimentary Internet)	\$174	6. _____
Swissotel, 323 East Wacker Drive, 312/565-0565	\$176	
Westin Chicago River North, 320 N. Dearborn Avenue, 312/744-1900 (complimentary Internet)	\$175	

Housing form without the non-refundable \$200 per room reserved deposit(s) and completed registration form/fees will be held and not processed until all forms/fees are received in the Springfield IASB office.

No.	Room Occupant(s) All persons listed on this form must be for the same hotel. If requesting rooms at more than one hotel, please duplicate form before completion.	Mailing Address All confirmations will be sent to the district office.	November		Guaranteed	Room Type (Check One)			Billing	
			Arrival	Departure		Single	Double	Db/Dbi	Individual	District
1.	<u>NICOLE WRIGHT</u>	<u>1601 LINCOLN AVE.</u>	<u>20</u>	<u>23</u>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

Special needs _____ Total rooms _____

Billing Authorization: The undersigned individual is the superintendent for this school district and, as such, has responsibility for authorizing payment for rooms, meals, and incidentals incurred by the above-designated individual(s) and will process payment for same upon receipt of a statement for charges from the hotel.

Bill room/tax only to the district. Bill all charges to the district. Signature _____

Mail **FOUR (4)** completed copies to IASB Conference Registration/Housing, 2921 Baker Drive, Springfield, IL 62703.

RICT REGISTRATION FORM

Must be mailed — do not fax.

Date received _____
(IASB use only)

SA - IASBO Joint Annual Conference

for 21-23, 2014

Download and complete form. Return two (2) completed copies with payment to IASB.


Name and Number HARVEY School District 152 County Code # _____
16001 Lincoln Ave. HARVEY IL 60426 Telephone 708-333-8300
City Zip Code Fax 708-333-0349

Information: Visa MasterCard Discover Credit Card # _____

Refundable processing fee will be added to each credit card transaction.
Credit card information is current. If utilizing a credit card, make sure the daily limit will cover all submitted fees. Security code not required.
Exp. Date _____ Email _____

Members _____ Spouse/Children _____

Official _____
Secretary/Admin. Asst. BOARD OF EDUCATION SECRETARY
Administrators _____

Personnel _____
_____  _____

Member registrants earn 30 IASB Leadership and Development conference attendance.
_____ Total paid member district registrants, \$405 each\$ _____
After October 23, \$430 each
_____ Total Spouse/Children (complimentary)
Credit Card Fee (\$10.00)\$ 10.00

Payment payable to the ILLINOIS ASSOCIATION OF SCHOOL BOARDS.
or current credit card information and **TWO (2) COMPLETED COPIES OF THIS FORM** TOTAL REMITTANCE\$ _____
for Conference Registration/Housing, 2921 Baker Drive, Springfield, Illinois 62703-5929. Registration
required without total payment cannot be processed. Purchase orders cannot be accepted.
_____ (IASB use only)