

**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:

NICOLE WRIGHT

Grade / Subject / School:

BUS. SECRETARY / BOARD SECRETARY

Name / Date of C / C / W:

TRIPLE I - DIST CONFERENCE 11/20-22

Location of C / C / W:

CHICAGO, IL

Give a tentative summary of expected expenses:

Registration: \$ 420  
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 LEARN & CATCH UP TO DATE KNOWLEDGE AS BOARD SECRETARY  
& BUSINESS OPERATIONS & FINANCE

[Signature]  
Applicant's Signature & Date

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

[Signature] 7/29/15  
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.

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OFFICE USE ONLY

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE \_\_\_\_\_

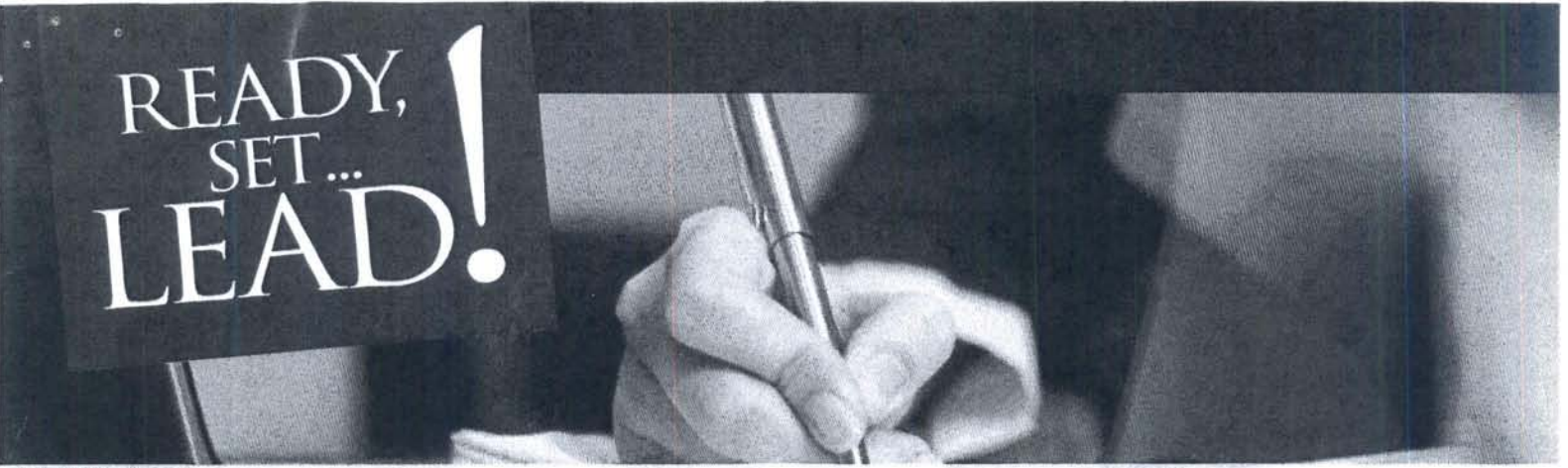
Account Name & Number: 10-2520-311-10-97  
PO # \_\_\_\_\_ CHECK REQUEST: Accounts Payable \_\_\_\_\_ Payroll \_\_\_\_\_ Imprest \_\_\_\_\_

Substitute Account Name & Number: \_\_\_\_\_

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

[Signature] 7/29/15  
Business Manager Signature / Date

[Signature]  
Superintendent's Signature / Date



READY,  
SET...  
LEAD!

## Programming Designed to Enhance the Professional Skills of Your **District's Secretary/Administrative Assistant**

### **November 20-21, 2015**

Offered during the IASB • IASA • IASBO Joint Annual Conference at the Swissôtel in Chicago.

To attend, secretaries/administrative assistants must be paid registrants for 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 2015 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.**

**Topics to be presented this year include educational tracks designed to appeal to those new to the position and to those who have served your board and district for years.**

Sessions will address everything from the Illinois Sunshine Laws (OMA and FOIA), minutes, and agendas, to diversity and inclusion, the latest in technology, along with motivational programming designed to send your district secretary back to your district energized and recharged.

Conference registration materials are available on the IASB website at [www.iasb.com/jac15](http://www.iasb.com/jac15).

*83<sup>rd</sup>* **IASB • IASA • IASBO**  
**Joint Annual Conference**  
November 20-22, 2015 • Chicago

#ILjac15  
@ILschoolboards

# DISTRICT HOUSING FORM Must be mailed — do not fax.

IASB Meetings Management Department will process your hotel request and return a copy, with the designated hotel circled. 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 in-house reservation manager of the assigned hotel.



County Code \_\_\_\_\_ Dist. No. 152 Email nwright@harvey152.org  
 Dist. Telephone 708/333-0300 x29  
 Superintendent DR. JENSEN Adams  
 District HARVEY SCHOOL DIST. 152  
 Street 1600 LINCOLN AVE  
 City/State/Zip HARVEY, IL 60424

83<sup>rd</sup> IASB · IASA · IASBO  
**Joint Annual Conference**  
 November 20-22, 2015 • Chicago

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 |
|--|-----------|
| Hyatt Regency Chicago (Headquarters), 151 East Wacker Drive, 312/565-1234 (complimentary internet) ..... | \$188     |
| Sheraton Chicago (Headquarters), 301 East North Water Street, 312/464-1000 .....                         | \$188     |
| Chicago Marriott, 540 North Michigan Avenue, 312/836-0100 .....  | \$179     |
| Embassy Suites, 511 N. Columbus Drive, 312/836-6900 .....  | \$199     |
| Fairmont Hotel, 200 N. Columbus Drive, 312/565-8000 (complimentary internet) .....                       | \$180     |
| Intercontinental Hotel, 505 North Michigan Avenue, 312/944-4100 (complimentary internet) .....           | \$179     |
| Swissotel, 323 East Wacker Drive, 312/565-0565 .....   | \$181     |

Name ONLY hotels that you will accept.

- MARRIOTT
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

| No. | Room Occupant(s)<br>All persons listed on this form must be for the same hotel.<br>If requesting rooms at more than one hotel, please complete a separate form. | Email Address<br>If no email address is provided, confirmations will be sent to the district office. | November  |           | Guaranteed | Room Type (Check One) |        | Billing (Check One) |          |
|-----|---|--|-----------|-----------|------------|-----------------------|--------|---------------------|----------|
|     |   |  | Arrival   | Departure |            | Single                | Db/Dbi | Individual          | District |
| 1.  | <u>Nicole Wright</u>  | <u>nwright@harvey152.org</u>   | <u>19</u> | <u>22</u> |            |                       |        |                     |          |
| 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 [Signature]

Mail to IASB Conference Registration/Housing, 2921 Baker Drive, Springfield, IL 62703.

IASB use only