

HARVEY PUBLIC SCHOOLS DISTRICT 152
CONFERENCE/CONVENTION/WORKSHOP ATTENDANCE REQUEST

Please submit your request with all support at least **TWO WEEKS BEFORE** requested C/W/W date(s).

Name of Person (please print): Dr. Georgetta LEE

Grade/Subject/School: District - WID

Name of C/C/W: Council for Exceptional Children Convention Feb

Date / Location of C/C/W: April 7 - 12, 2015 SAN Diego

Give a tentative summary of expected expense(s):

Registration:	\$	<u>478-</u>
Travel:	\$	<u>500-</u>
Food:	\$	<u>250-</u>
Lodging:	\$	<u>750</u>
Other:	\$	<u>50 - Parking</u>
Estimated Total:	\$	<u>2000-</u>

Will a substitute be required? ___ Yes No All Day ___ A.M. ___ P.M.

LONG RANGE PLANS ___ GOALS ___ Explain what you desire to gain by attendance.

National Special Education

G Lee
Applicant's Sig./Date

Dr. Lee
Principal's Sig./Date

Dr. Lee 1-26-15
Administrator's Sig./Date

NOTE: IF APPROVED, A WRITTEN REPORT MUST BE SUBMITTED TO THE PROGRAM ADMINISTRATOR WITHIN TWO WEEKS AFTER THE CONFERENCE/CONVENTION/WORKSHOP. ALONG WITH THE APPLICABLE EXPENSE REPORT. EXPENSES WITHOUT VALID RECEIPTS WILL NOT BE HONORED.

Approved Date: _____ Disapproved Date: _____

Account Name/Number: _____ P.O. # _____

CHECK REQUEST: _____ Accounts Payable _____ Payroll _____ Imprest _____

Substitute Account Name/Number: _____

Name of Substitute Called: _____

[Signature]
Business Manager Signature/Date

[Signature]
Superintendent's Signature Date

COPIES TO: _____
FORM #140 REVISED 8/01

Approved by ISBE see Attachment

HARVEY PUBLIC SCHOOLS DISTRICT NUMBER 152

DISTRICT ADMINISTRATION

Dr. Denean Adams
Superintendent of Schools
Dr. Kevin J. Nohelty
Assistant Superintendent of Business and
Human Resources
Dr. Sophia Jones-Redmond
Director of Special Services
Johnetta Miller
Director of Teaching and
Learning

BOARD OF EDUCATION

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Member
Dr. Kisha McCaskill
Member
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Member
Tyrone Rogers
Member

OUT-OF-STATE-TRAVEL

FY: 2014/2015

NAME OF TRAVELER: Dr. Georgette Lee

NAME OF COOP/DIST: Harvey School District 152

RCDT #: 366004367002

POSITION: Director of Special Services

DATES OF TRAVEL: April 7th - April 12, 2015

FUNDING SOURCE: PART B FT X PART B PS _____

GRANT RECIPIENT: Harvey School District

NAME OF CONFERENCE: Council for Exceptional Children Convention and Expo

LOCATION: San Diego, CA

PURPOSE: Professional Development

ANTICIPATED COSTS: \$2000.00

TRANSPORTATION: \$ 500.00

LODGING: \$ 750.00

MEALS: \$ 250.00

OTHER EXPENSES: Parking \$ 50.00

CONFERENCE REGISTRATION FEE: \$ 478.00

SUBSTITUTES: \$000

TOTAL: \$2000.00

AMOUNT OF GRANT FUNDS REQUESTED: \$2000.00

REQUIRED SIGNATURES: [Signature]

DIRECTOR OF SPECIAL EDUCATION _____

PROGRAM DIRECTOR: [Signature]

ISBE GRANT COORDINATOR: [Signature]

Please include detail information per conference/program announcement registration form, and/or brochure.

[Signature]
12-19-14

Administrative Center ~ 16001 Lincoln Avenue, Harvey, Illinois 60426 ~ (708) 333-0300 - Fax (708) 333-0349

ekellogg@harvey152.org

~~ANGELOU-BRYANT-HOLMES-FIELD-LOWELL-RILEY-SANDBURG-WHITTIER-BROOKS MIDDLE SCHOOL~~



[Register](#) | [Sessions/Workshops](#) | [Special Events](#) | [Exhibitors/Sponsors](#) | [Travel/Housing](#) | [FAQS](#) | [Schedule @ Glance](#) | [Blog](#) | [CEC](#)

Schedule at a Glance

Tuesday,

April 7

REGISTRATION 2:00-7:00pm

Wednesday,

April 8

REGISTRATION 7:00 am – 8:00 pm

WORKSHOPS (Full & Half Day)

9:00 am – 4:00 pm

CONCURRENT SESSIONS

1:00 – 2:00 pm

2:15 – 3:15 pm

3:30 – 4:30 pm

OPENING GENERAL SESSION

5:00 – 6:30 pm

WELCOME RECEPTION IN THE EXPO HALL

6:30 – 8:00 pm

Thursday,

REGISTRATION 7:00 am – 5:00 pm



Subscribe to CEC 2015 updates:

Send



April 9

CONCURRENT SESSIONS

- 8:00 – 9:00 am
- 9:15 – 10:15 am
- 10:30 – 11:30 am
- 1:00 – 2:00 pm
- 2:15 – 3:15 pm
- 3:30 – 4:30 pm

EXPO HALL

9:00 am – 5:00 pm

EXCLUSIVE EXPO TIME

11:30 am – 1:00 pm

Friday,

April 10

REGISTRATION 7:00 am – 6:00 pm

CONCURRENT SESSIONS

- 8:00 – 9:00 am
- 9:15 – 10:15 am
- 10:30 – 11:30 am
- 1:00 – 2:00 pm
- 2:15 – 3:15 pm
- 3:30 – 4:30 pm

EXPO HALL

9:00 am – 6:00 pm

EXCLUSIVE EXPO HOURS

- 11:30 am – 1:00 pm
- 4:30 – 6:00 pm

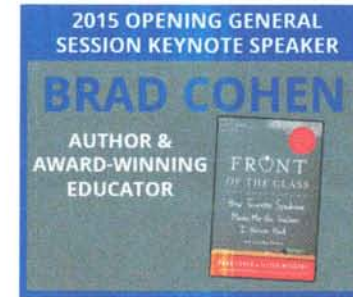
HAPPY HOUR IN THE HALL

EXCLUSIVE EXPO TIME

4:30 – 6:00 pm

YES I CAN AWARDS CEREMONY

6:00 – 7:00 pm



**Saturday,
April 11**

REGISTRATION 7:00 am – 4:00 pm

CONCURRENT SESSIONS

8:00 – 9:00 am

9:15 – 10:15 am

10:30 – 11:30 am

1:00 – 2:00 pm

EXPO HALL

9:00 am – 2:15 pm

EXCLUSIVE EXPO HOURS

11:30 am – 1:00 pm

CLOSING GENERAL SESSION

2:15 – 3:15 pm

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CEC 2015 REGISTRATION FORM

Please type or print the information requested below. Your badge and confirmation information will be taken directly from this form. Please read our cancellation/refund policy located on page 2 and on the CEC web site, www.cec.sped.org. Thank you.

CEC Member? Yes No

Member Number _____

First Name _____ Last Name _____

Dr. Georgetta LEE

Badge Name _____

CASE MANAGER

Title _____

Harvey School District 152

School District or Organization _____

1600 S. LINCOLN

Address _____

Harvey IL 60426

City _____ State/Province _____ Zip/Postal Code _____

708.333.0300 #123

Area Code/Daytime Phone # _____ Country _____

708.210.2214

FAX, including area code _____ Email _____

Workshops (Wednesday, April 8 and Saturday, April 11)
Workshop choices at www.cecconvention.org; rates are on page 2.

Wed., 4/8 First Choice # _____ Second Choice # _____

Sat., 4/11 First Choice # _____ Second Choice # _____

\$ _____

Convention Registration (Wed. through Sat., see rates on p. 2)

\$ _____

Single Day Registration (Wed. through Sat.; see rates on page 2)

Wednesday, Apr. 8 Thursday, Apr. 9

Friday, Apr. 10 Saturday, Apr. 11

\$ _____

"Lunch Express" **\$14.50 each day**

(choice of Deli Sandwich or Gourmet Salad and whole fruit, bottled water or redeem ticket for other choices)

Thursday, Apr. 9 Friday, Apr. 10 Saturday, Apr. 11

\$ _____

TOTAL REGISTRATION \$ _____

FOUR WAYS TO REGISTER

ONLINE  FAX  PHONE  MAIL 

Online (with credit card) www.cec.sped.org/convention

FAX 703-264-9494

Phone 1-888-232-7733
703-620-3660

Mail (include this form with payment)

CEC 2015 Convention & Expo
P.O. Box 79026
Baltimore, MD 21279-0026

PAYMENT (U.S. dollars only)

Check (payable to CEC) Purchase Order (attach original)

Credit Card

Visa MasterCard Discover American Express

Credit Card # _____ / _____ / _____ / _____

Expiration Date _____ CSV # _____

Signature _____

Billing Address Zip Code _____ Date _____

2015RegForm.10272014



CEC events are ADA accessible. If you require special provisions or services, please E-mail details to Jane Uffelman at janeu@cec.sped.org. We must hear from you no later than March 1, 2015.

Visit www.cecconvention.org

for complete information on Workshops,
Lunch Express, and more!

Questions?

CEC 2015 Registration Rates & Policies

Registration Type	Early Bird Oct. 1 - Jan. 15	Advance Jan. 16 - Mar. 18	One Day Wed.-Sat. (rates are per day)	Onsite After Mar. 18	Group Rates (per person, groups of 5 or more) Effective Jan. 16
Member	\$395	\$450	\$195	\$495	\$405
Nonmember	\$515	\$565	\$295	\$615	\$508
Student Member	\$270	\$320	\$150	\$370	\$290
Life/Retired	\$270	\$320	\$150	\$370	\$290

CEC 2015 Convention Workshop Registration Rates

Registration Type	Full-Day Workshops		Half-Day Workshops		Program Developer Workshops	
	10/1 - 3/18	After 3/18	10/1 - 3/18	After 3/18	10/1 - 3/18	After 3/18
Member	\$179	\$229	\$89	\$139	\$350	\$375
Nonmember	\$229	\$279	\$139	\$189	\$500	\$525
Student Member	\$107	\$137	\$53	\$83	--	--
Life/Retired	\$107	\$137	\$53	\$83	--	--

REGISTRATION POLICIES

EXHIBITORS

If you are exhibiting at the convention, please register at our expo site — www.exhibits.cec.sped.org

GROUP RATES

CEC encourages teams of special and general educators, paraprofessionals and administrators to register from the same school or school district. We offer a 10% discount for groups of five or more. Groups rates are granted only when all forms arrive together as a packet with full payment or an original purchase order. Please see the group rates above (rates shown have been discounted).

VOLUNTEER OPPORTUNITIES

Volunteers receive a 40% discount off the advance rates listed above for eight hours of work during convention week. If you are interested in volunteering, please visit us at www.cecconvention.org and click on the link to Volunteers.

CANCELLATION / REFUND POLICY

Special ticketed events (Lunch Express, Convention Workshops) are non-refundable. **Registrations paid or promised by check, credit card, or purchase order are subject to the following:**

Before March 18, 2015. If you need to cancel your registration, please send a request postmarked no later than March 18, 2015. A \$100 cancellation fee will be deducted from all refund checks. If you have received your badge and event tickets (if applicable), they must be returned with your cancellation request addressed to:

CEC 2015 Convention & Expo
2900 Crystal Drive, Suite 1000
Arlington, VA 22202-3557

After March 18, 2015. No refunds after March 18, 2015.

RETURNED CHECKS

A \$35 fee will be charged for all returned checks.