

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): Sirena Thomas

Grade/Subject/School: Human Resource Clerk

Name/Date of C/C/W: IASB Joint Conference Nov. 20 - 23

Location of C/C/W: Chicago

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:

Best practice - social media & H.R. Issues/Laws

Sirena A. Thomas
Applicant's Sig/Date

Principal's Sig/Date

[Signature]
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: _____

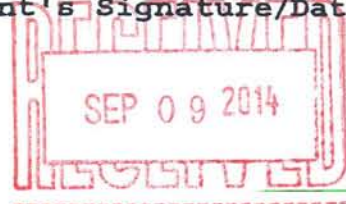
PO # _____ CHECK REQUEST: Accounts Payable _____ Payroll _____ Imprest _____

Substitute Account Name/Number: _____

Name of Substitute Called: _____

[Signature]
Business Manager Signature/Date

[Signature]
Superintendent's Signature/Date



SEP 4 14 3:26PM

communication regarding hotel accommodations should be directed to the hotel inhouse reservation manager of the assigned hotel.

County Code # 16 Dist. No. 152 E-mail stthomas@harvey152.org
 Dist. Telephone 708 / 333-0300 Fax 708 / 333-0349
 Superintendent Dr. Denean Adams
 District Name/Number Harvey School Dist. 152
 Street 16001 Lincoln Avenue
 City/State/Zip Harvey, IL 60426



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>Chicago 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/Dbt	Individual	District
1.	<u>Siriena Thomas</u>	<u>16001 Lincoln Ave., Harvey, IL 60426</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.

IASB use only

DISTRICT REGISTRATION FORM

IASB · IASA · IASBO Joint Annual Conference

November 21-23, 2014

Must be mailed — do not fax.

Date received _____
(IASB use only)

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

District Name and Number Harvey School Dist. 152 County Code # _____
Address 16001 Lincoln Avenue Telephone (708) 333-0300
City _____ Zip Code _____ Fax _____

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. _____

Other Administrators _____

Siriana Thomas - Human Resources

District Attorney _____

Special Needs  _____

*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) COMPLETED 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.

Total paid member district registrants, \$405 each \$ _____
After October 23, \$430 each \$ _____
Total Spouse/Children (complimentary) \$ _____
Credit Card Fee (\$10.00) \$ 10.00

TOTAL REMITTANCE \$ _____

(IASB use only)