

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): Silenci Thomas

Grade/Subject/School: District Office

Name/Date of C/C/W: IASB-Joint Annual Conference

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:

Expand my knowledge of human resources & laws

Silenci A. Thomas _____
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] 7/7/15
Business Manager Signature/Date

[Signature]
Superintendent's Signature/Date

JUL 6 15 4:43PM



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 16 Dist. No. 152 Email stthomas@harvey152.org
 Dist. Telephone 708/333-0300
 Superintendent Dr. Denean Adams
 District Harvey School District 152
 Street 16001 Lincoln Avenue
 City/State/Zip Harvey, IL 60426

83rd 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	Name ONLY hotels that you will accept.
Hyatt Regency Chicago (Headquarters), 151 East Wacker Drive, 312/565-1234 (complimentary internet)	\$188	1. <u>Chicago Marriott</u>
Sheraton Chicago (Headquarters), 301 East North Water Street, 312/464-1000	\$188	2. _____
Chicago Marriott, 540 North Michigan Avenue, 312/836-0100	\$179	3. _____
Embassy Suites, 511 N. Columbus Drive, 312/836-5000	\$190	4. _____
Fairmont Hotel, 200 N. Columbus Drive, 312/565-8000 (complimentary internet)	\$180	5. _____
Intercontinental Hotel, 505 North Michigan Avenue, 312/944-4100 (complimentary internet)	\$179	6. _____
Swissôtel, 323 East Wacker Drive, 312/565-0565	\$181	

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) All persons listed on this form must be for the same hotel. If requesting rooms at more than one hotel, please complete a separate form.	Email Address 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>Sirena Thomas</u>	<u>stthomas@harvey152.org</u>	<u>19</u>	<u>22</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 to IASB Conference Registration/Housing, 2921 Baker Drive, Springfield, IL 62703. _____ IASB use only