

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): Adekunle A. Adegbemi

Grade/Subject/School: Bryant Elementary

Name of C/C/W: NABSE 43rd Annual Conference

Date / Location of C/C/W: Wednesday, Nov. 18-22, 2015

Give a tentative summary of expected expense(s):

Registration:	\$ _____
Travel:	\$ _____
Food:	\$ _____
Lodging:	\$ _____
Other:	\$ _____
Estimated Total:	\$ _____

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.

Adekunle Adegbemi 8-31-15

Applicant's Sig./Date

Principal's Sig./Date

[Signature] 8-3-15

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] 8/31/15

Superintendent's Signature Date

COPIES TO: _____

FORM #140 REVISED 8/01

HUGS 15 3:48PM

Please Provide Complete Information

Select One: Renewal New

PERSONAL INFORMATION

Name: Prefix Mr First Adekunle MI A Last Adegbemi

Home Address 5117 Imperial Dr.

City Richton Park State IL Zip 60471

Home Phone 708-228-6500 Fax _____ Email adegbemi@hotmail.com

Position/Title Assistant Principal

School District/Organization/Company Harvey School District 152

Office Address 16001 S. Lincoln Ave

City Harvey State IL Zip 60426

Office Phone 708-338-1390 Fax _____ Email _____

Male Female

Age Level (Optional)

18-24 25-34

35-44 45-54

55-64 65-Above

NABSE Commissions (Select only one)

Parents

Higher Education

Retired Educators

Superintendents

Administration

Governance in Education

Instruction and Instructional Support

Special Projects, Research & Evaluation

Name of Affiliate of which you are a member _____

If not currently a member of an Affiliate, would you like to be contacted for membership by the Affiliate in your local area? Yes No

Send NABSE correspondence to: Home Business

MEMBERSHIP TYPE (PLEASE CHECK AS APPROPRIATE)

<input type="checkbox"/> Corporate.....\$2,000	<input checked="" type="checkbox"/> Individual.....\$100
<input type="checkbox"/> Institutional.....\$1,000	<input type="checkbox"/> Retired.....\$50
<input type="checkbox"/> Life.....\$900	<input type="checkbox"/> Student**.....\$20
<input type="checkbox"/> Subscribing Life.....\$150 (6 consecutive years)	

**Student membership category applicable to full-time students who are NOT employed on a full-time basis.

PAYMENT INFORMATION

Make Payable to NABSE

Total Enclosed \$ _____

Enclosed is a: Check Money Order Purchase Order # _____

I authorize NABSE to charge my: Visa MasterCard American Express Discover

Card Number _____ Exp. Date _____

Please print _____ Authorizing Signature _____

Cardholder's Name _____

Please Send Completed Application and Payments to:
 The National Alliance of Black School Educators
 310 Pennsylvania Ave., SE • Washington, D.C. 20003

CONFERENCE REGISTRATION RATES

EARLY BIRD SPECIAL!!!

Registrants who register by July 31, 2015 will receive a deduction of \$50.00!!!
(This rate does not include Single Day/Spouse, Parents Day Registration and Student-Basic.)

NABSE REGISTRATION RATES

Membership Status*	FULL	BASIC
Individual Non-Member	<input type="checkbox"/> \$500	<input checked="" type="checkbox"/> \$430
Individual Member	<input type="checkbox"/> \$355	<input type="checkbox"/> \$270
Retiree Non-Member	<input type="checkbox"/> \$359	<input type="checkbox"/> \$285
Retiree	<input type="checkbox"/> \$309	<input type="checkbox"/> \$235
Student Non-Member**	<input type="checkbox"/> \$235	<input type="checkbox"/> \$195
Student**	<input type="checkbox"/> \$215	<input type="checkbox"/> \$175
Single Day/Spouse	N/A	<input type="checkbox"/> \$185

Parents Day.....\$99.00
 Aspiring Superintendents Academy.....\$109.00

- Members with outstanding membership dues **must** complete and submit a membership renewal application and dues payment. Otherwise **Non-Member** registration rates apply.
- Student membership/registration category applicable to full-time students who are **NOT** employed full-time. Valid student I.D. must be presented on-site or higher registration rate applies.
- **Basic Registration does not include Founding Members Luncheon or Annual Banquet tickets.**

Name: Prefix Mr. First Adekunle MI A Last Adegbemi

Position/Title Assistant Principal
 District/Organization/Company Harvey School District 152 City/State/Country Harvey, IL

Mailing Address 14730 Main St.
 City Harvey State IL Zip 60423
 Home Office

Home Phone 708-646-4636 Fax _____ Email aaadegbem1@Harvey
 Work Phone _____ Fax _____ Email 152.org

NABSE Affiliate: _____

PAYMENT INFORMATION

AMEX MasterCard Registration: \$430.00
 VISA Money Order Meal Ticket: _____
 Check P.O. Total Enclosed: \$ 430
 Purchase Order Number: _____
 Cardholder's Name (Required): _____
 Credit Card No.: _____ Exp. Date: _____
 Signature: _____
Required for Credit Card Authorization

Aspiring Superintendents Academy Registration

Wednesday, Nov. 18, 2015
Pre-Conference Activity

Aspiring Superintendents' Academy
Additional Fee for Academy.....\$109

◆

Number of Additional Meal Tickets

Opening Night Reception
Thursday, November 19
_____ (\$12 each)

Founding Members Luncheon
Friday, November 20
_____ (\$65 each)

Annual Banquet
Saturday, November 22
_____ (\$70 each)

Please Send Completed Application and Payments to: The National Alliance of Black School Educators • 310 Pennsylvania Ave., SE • Washington, D.C. 20003