

# 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): Sirlena Thomas

Grade/Subject/School: District Office

Name/Date of C/C/W: IASB - Joint Annual Conference Nov. 22-24, 2013


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 knowledge of human resources & laws

  
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

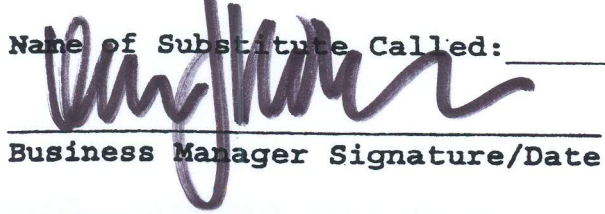
APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE \_\_\_\_\_

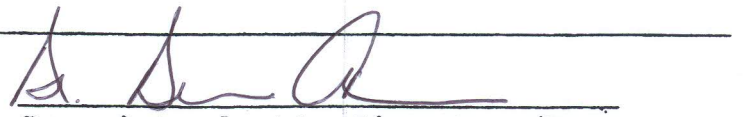
Account Name & Number: \_\_\_\_\_

PO # \_\_\_\_\_ CHECK REQUEST: Accounts Payable \_\_\_\_\_ Payroll \_\_\_\_\_ Imprest \_\_\_\_\_

Substitute Account Name/Number: \_\_\_\_\_

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

  
Business Manager Signature/Date

  
Superintendent's Signature/Date

# DISTRICT REGISTRATION FORM

Must be mailed — do not fax.

Date received \_\_\_\_\_

(IASB use only)

## IASB · IASA · IASBO Joint Annual Conference

November 22-24, 2013

This form can be downloaded and filled out online OR downloaded, printed and filled out by hand; however, **two (2) copies** of the completed forms must be **printed and mailed with payment** to IASB.

District Name and Number Harvey School Dist. 152 County COOK  
 Address 16001 Lincoln Avenue, Harvey 60426 Telephone (708) 333-0300  
City Zip Code Fax (708) 333-0349

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 Sirena Thomas  
 District Attorney \_\_\_\_\_

Special Needs  \_\_\_\_\_

\_\_\_\_\_ Total paid member district registrants, \$390 each .....\$ \_\_\_\_\_  
 After October 25, \$415 each  
 \_\_\_\_\_ Total Spouse/Children (complimentary)  
**TOTAL REMITTANCE** .....\$ \_\_\_\_\_

\*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) 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.

(IASB use only)