

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): Shequilia May

Grade/Subject/School: District Office

Name/Date of C/C/W: TAB 2013 Joint Conference, Nov. 22nd-24th, 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:

I desire to obtain increased development regarding District Administrative procedures, Expand my knowledge on leadership practices + team building.

Shequilia May 9/12/2013
Applicant's Sig/Date

Principal's Sig/Date

A. S. A.
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: _____
Angela
Business Manager Signature/Date

A. S. A.
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 District 152 County Cook
Address 16001 Lincoln Ave Harvey, 60426 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. Shagubi, Ill

Other Administrators _____

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) 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, \$390 each\$
_____ After October 25, \$415 each
_____ Total Spouse/Children (complimentary)
TOTAL REMITTANCE\$

(IASB use only)