

ADAIR COUNTY BOARD OF EDUCATION



Request to Attend Workshop

Professional Development Title I

Date _____

<p><u>Workshop</u> <input type="checkbox"/></p> <p>Teacher _____</p> <p>ACPC <input type="checkbox"/> ACES <input type="checkbox"/> ACMS <input type="checkbox"/> ACHS <input type="checkbox"/></p> <p>ACYDC <input type="checkbox"/></p> <p>Name and Address of Institution</p> <p>_____</p> <p>_____</p> <p>Phone/Fax _____</p> <p>Workshop Title _____</p> <p>Workshop Date(s) _____</p> <p>Reason To Attend _____</p> <p>_____</p> <p>Approximate Cost of Workshop \$ _____</p> <p>Need P.O. <input type="checkbox"/> Do Not Need P.O. <input type="checkbox"/></p>	<p><u>Motel Reservation</u> <input type="checkbox"/></p> <p>Name of Motel _____</p> <p>Address _____</p> <p>_____</p> <p>Phone/Fax _____</p> <p>Date(s) Needed for Reservation</p> <p>_____</p> <p>Approximate Cost of Reservation</p> <p>\$ _____</p> <p>Approximate Cost of Mileage/Meals</p> <p>\$ _____</p> <p>Total Cost \$ _____</p> <p>Need P.O. <input type="checkbox"/> Do Not Need P.O. <input type="checkbox"/></p>
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(Attach any information regarding workshop/motel for registration purposes.)

_____	_____
Principal's Signature	Date
_____	_____
Instructional Supervisor's Signature	Date
_____	_____
Title I Supervisor's Signature	Date

**** Note: Please have Principal sign before submitting form to the Board of Education PRIOR to attending workshop.**