

ADAIR COUNTY BOARD OF EDUCATION



Request to Attend Workshop

Date _____

Funding Source _____

<p>Workshop <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>ALA <input type="checkbox"/></p> <p>Name and Address of Institution _____ _____</p> <p>Phone/Fax _____</p> <p>Workshop Title _____</p> <p>Workshop Date(s) _____</p> <p>Reason To Attend _____ _____</p> <p>Approximate Cost of Workshop \$ _____</p> <p>Need P.O. <input type="checkbox"/> Do Not Need P.O. <input type="checkbox"/></p>	<p>Motel Reservation <input type="checkbox"/></p> <p>Name of Motel _____</p> <p>Address _____ _____</p> <p>Phone/Fax _____</p> <p>Date(s) Needed for Reservation _____</p> <p>Approximate Cost of Reservation \$ _____</p> <p>Approximate Cost of Mileage/Meals \$ _____</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

Academic Dean'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.**

Send Original to Central Office and Principal keep copy.