



P.O. BOX 219, 11868 ACADEMY STREET, CHAUMONT, NY 13622

phone: 315-649-2417 ♦ fax: 315-649-2663 ♦ website: www.lymecsd.org

CAMMY J. MORRISON, SUPERINTENDENT

## CONFERENCE/WORKSHOP REQUEST FORM

Name \_\_\_\_\_

Conference Title \_\_\_\_\_

Location \_\_\_\_\_

Dates/Time of Conference \_\_\_\_\_

Cost to District: \_\_\_\_\_ Check if this is a Model Schools workshop

Registration	\$
Meals	\$
Lodging	\$
Travel	\$
Miscellaneous	\$
<b>Total</b>	\$

Registration completed? \_\_\_\_\_

Please describe any miscellaneous expenses:

\_\_\_\_\_  
\_\_\_\_\_

**Substitute Needed:** Please indicate when a sub will be needed –

Full day \_\_\_\_\_ Half Day \_\_\_\_\_ Quarter Day \_\_\_\_\_ (staff are required to find their own coverage for ¼ day)

How will this conference/workshop be of value to you and the District? How will you share with peers and Board of Education?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Conference description must be attached. After approval, don't forget to register.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

CC. Vicky Barbour, Business Office  
Michele Wilson, Sub Caller (if sub is required)