



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

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CAMMY J. MORRISON, SUPERINTENDENT

CONFERENCE/WORKSHOP REQUEST FORM

Name Irene Sullivan
 Conference Title The Power of Playful Learning
 Location Waterloo NY
 Dates/Time of Conference Aug 5-8
 Cost to District: _____ Check if this is a Model Schools workshop

Registration	\$ <u>500.00</u>
Meals	\$ _____
Lodging	\$ _____
Travel	\$ _____
Miscellaneous	\$ _____
Total	\$ <u>500.00</u>

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?

The workshop will enhance my centers and my approach in teaching.

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

Irene Sullivan
Employee Signature

6/25/19
Date

[Signature]
Principal Signature

6/25/19
Date

[Signature]
Superintendent Signature

6/25/19
Date

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