



**Groton-Dunstable Regional School District
CONFERENCE/WORKSHOP REQUEST FORM**
**Information or flyer on the conference must
accompany request.**

Name: _____ School: _____ Date: _____

Department: _____ Position: _____

Conference / Workshop Title: _____

Date(s): _____ Time: _____

Location: _____

City: _____

Payment Information:

Vendor Name: _____

Payment Address: _____

<u>Total Cost:</u>		<u>Funding Source Account Number:</u>
Registration	\$ _____	_____
Substitute needed	_____	_____
(check one)	yes no	

Reason for attendance: (enhance classroom skills, represent study committee, pursue school goals)

Dissemination of information: (With whom do you intend to share what you learn from this conference or workshop? How will this be accomplished?)

For office use only

Signatures:

Curriculum leader (if applicable)	_____	Date: _____
Principal/Director	_____	Date: _____

*** Note: Signed forms will be returned to the persons requesting and funding the event. Attach approved request form to purchase order, if applicable. Please ensure that expenditures noted above are monitored by the appropriate administrator.**