

Conference Attendance Request

North Coast Beginning Teacher Program

Instructions: Please complete this form and submit to your County Coordinator for approval.

Name: _____ Date: _____

Title or Description of Conference/Activity: _____

Dates of Attendance: _____

Facility: _____ City: _____ State: _____

Estimated Cost:

Registration Fee: _____ Lodging: _____ Travel: _____ Meals (not to exceed \$44/ day) _____

How would your attendance contribute to your professional development objectives directly related to your work as a NCBTP trainer for new teachers and/or Support Providers?

Other information, as needed:

Approval:

County Coordinator: _____
Printed Name Signature Date

Regional Director: _____
Printed Name Signature Date

For Office Use Only:

Actual expenses incurred: _____