



LOWER CAPE MAY REGIONAL SCHOOL DISTRICT CONFERENCE REQUEST FORM

Applicant: _____

Date of Application: _____

Request must be submitted **at least on month prior** to the conference. When overnight stay is necessary, Board of Education approval is required prior to registration. Arrangements for overnight stay are the responsibility of the applicant.

Name, date(s), and time of conference (please attach the conference description or program). _____

Location: _____

Benefits from the conference for school district: _____

Benefits from the conference by the employee: _____

How will the new knowledge gained by the participant be shared with other staff members: _____

When will this task be completed: _____

Estimated Expenses: _____

Registration Fee: _____

Meals: _____

Room: _____

Mileage: _____

Tolls: _____

NUMBER OF PROFESSIONAL
DEVELOPMENT HOURS

Requested: _____

Approved: _____

Recommendation of Principal: _____

Superintendent's Signature: _____

**** PLEASE NOTE: Registration form MUST accompany this request.**