

Milford Public Schools

Overnight Conference Request

Name: _____

Conference: _____

Location: _____ Date: _____

Sponsoring Professional Organization(s): _____

Total Estimated Cost (including travel): _____

Signature of Immediate Supervisor: _____

Educational Purpose (please relate to district curricular and program initiatives): _____

By accepting the funds of the Milford Public Schools to attend this conference I agree to report back on what I learned and how it will impact my work as well as the work of the district.

Signature: _____ Date: _____

Central Office Approval: _____

Date: _____

Signature: _____

Budget Code: _____

Board Meeting Date: _____

Board of Education Approval: _____

Date: _____

Submission of Final Report: _____

Conference Attendee Signature: _____

Assistant Superintendent Signature: _____

Final report submission must include conference details, (sessions and presenters), copies of provided materials, description of new learning and applications to current work.