

**Canyons School District
Local Conference Request**

Name Of Conference _____

Conference Date _____ Location _____

School _____

Print Employee Name _____

How does this conference align with the school's CSIP plan? _____

Registration Cost \$ _____

Funding (Circle Appropriate Source) School Funds Other _____

Other Expenses _____

(Prior agreement regarding expenses and reimbursements must be listed and agreed to by the school and the person traveling. This agreement may not exceed District guidelines)

Signature of Requesting Individual Date

Director Approval Date

Principal Approval, If Applicable Date

Cabinet Approval Date

Attach Conference Flyer

8/24/2012