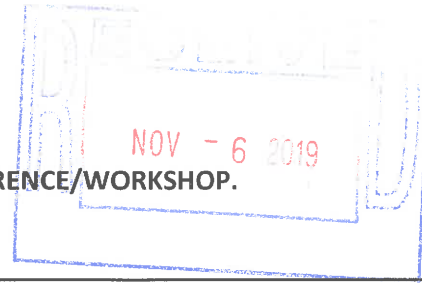


Request to Attend Conference / Meeting

THIS FORM MUST BE COMPLETED AND APPROVED BEFORE REGISTERING FOR THE CONFERENCE/WORKSHOP.



Individual Attending Ben Largey
Name of Conference CaolaCon2020 - Capital Area Online Learning Association Conference
Location of Conference Atlantic City, NJ
Date(s) 3/10/19 - 3/11/19 Days of Week Tuesday - Wednesday

Are you an active member of the organization sponsoring this event? ☒ Yes ☐ No

Is this conference directly related to a classroom assignment? ☒ Yes ☐ No

Purpose of conference:

This conference will be an opportunity to get ideas from other online learning programs in Pennsylvania. We are a member of the CAOLA through our membership with IU17 eEquip. I will be presenting a session on "Meeting Special Education Needs in Online Learning."

Number of school days absent for conference/meeting: 2
Total number of days requested for conference/meeting: 2 (include travel time)

Estimated time of departure: 4pm - 3/10
Estimated time of return: 4pm - 3/12

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$337.00
Lodging: FREE
Meals: FREE
Registration: FREE
Other: FREE
Total Estimated Expenditures: \$337.00

SUBSTITUTE NEEDED:

☐ Yes (# of Days) _____
☐ No

All receipts must be itemized.
Tips are not reimbursable.

Submitted by:  Date: 11/6/19

Recommended to Superintendent: ☐ Yes ☐ No

Principal Signature

Account # _____ Amount/% _____
Account # _____ Amount/% _____

Recommended to School Board for Approval:


Superintendent Signature

Date Approved by School Board: _____

Distribution: ☐ Original - District Office ☐ Copy 1 - Teacher ☐ Copy 2 - Building Office