



Request to Attend Conference / Meeting

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

Individual Attending Sharon Hazelton-Mohr
Name of Conference Anxiety, Sleep & the Brain
Location of Conference Williamsport, PA
Date(s) 5/12/2023 Days of Week Friday

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:

To learn how anxiety-related disorders interfere with sleep and how to apply strategies to improve sleep and protect the brain. Topics include the sleep cycle, sleep deprivation, anxiety disorders, memory, sleep disturbances, the brain and sleep, and brain-based approaches to improving sleep.

Number of school days absent for conference/meeting: 1

Total number of days requested for conference/meeting: 1 (include travel time)

Estimated time of departure: 7:15am

Estimated time of return: 5:00pm

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$25.00
Lodging: \$0.00
Meals: \$0.00
Registration: \$84.00
Other: _____
Total Estimated Expenditures: \$109.00

SUBSTITUTE NEEDED:

Yes (# of Days) 1
 No

**All receipts must be itemized.
Tips are not reimbursable.**

Submitted by:

Date: 3/21/23

Recommended to Superintendent: Yes No

Principal Signature

Account # _____
Amount/% _____

Account # _____
Amount/% _____

Recommended to School Board for Approval:

Superintendent Signature

Date Approved by School Board: _____