



Madison School District
3498 Treat Highway, Adrian, MI 49221
517-263-0741
www.madisonk12.us

Conference Request Form

Please complete the form below to request attendance at a professional conference during the 2021-22 school year. Provide as much information as possible. Return the form to the Central Office no later than **Friday, June 18, 2021**.

Name: _____

Department/Grade Level: _____

Substitute Needed?: Yes No Half Day

Conference Requested: _____

Location: _____

Date(s): _____

Registration Cost: _____

Estimated Mileage: _____

Hotel Accomodations Needed? Yes No

Estimated Hotel Cost: _____

Estimated Total Expenditures: \$ _____

How does the conference align with the District Improvement Plan?

Signature: _____ Date: _____

Approved: Yes No Date: _____

Signature: _____ Account Code: _____