

University High School

Virtual Conference Request Form

Requester Name: _____ Conference Date(s): _____

Conference Name: _____

Conference Website: _____

UHS Conference Attendee(s): _____

*Attach list if more space is needed.

Estimation of Costs

Conference Registration Cost: _____ \$

Number of Conference Days: _____

Conference Timeframe(s) (ie: 8a to 12p): _____

*Back up material is required for virtual conferences. Be sure to include printed copies of all conference registration information (ie: conference description, conference costs, etc.).

Membership Number: _____

Substitute Required? Yes No If yes, substitute is needed for how many days: _____

Other Costs (list costs): _____ \$

Total Estimated Conference Cost _____ \$

Payment Method: School Credit Card Purchase Order Personal Payment

Employee Signature: _____ Date: _____

Superintendent/Principal Approval: _____ Date: _____