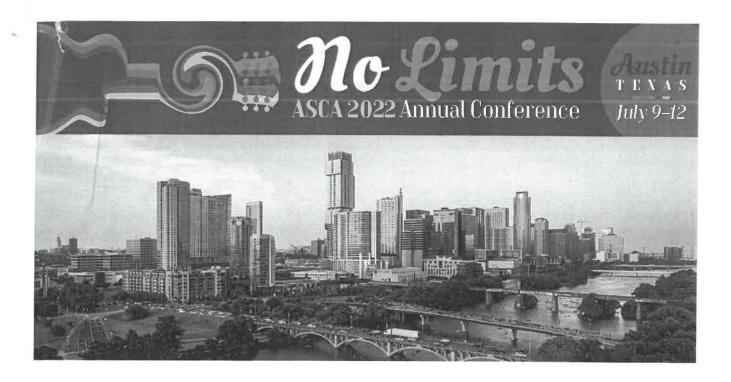
394170

# **Professional Development Activity Request**

		(name)	(school)
tivity aligns with:		, ,	, and ,
X District CSIP	Goal: Goal 1.3 &	Goal 3.2	
Building SIP	Goal:		
ath the Fores Associate			
ctivity Focus Area(s):  Literacy	×	_ Curriculum	Technology
At-risk		Mathematics _	Instructional Strategies/Improvement
unding Course(s).		8 mm. m. m. a	hu. (Dath the DD con and minsing) must sim)
unding Source(s):			by: (Both the PD rep and principal must sign)
Building		Bldg.	PD rep Desire Quon astron
Department Dept. name		Bldg	principal 2000 de la companya del companya del companya de la comp
Special Projects (District P	'D funds)		
********	******	*********	*************
	<u> </u>	Professional Develor	oment Activity Description
	σ Δm.	origan Sahaal Cauppalar /	Accordation National Conference 2022 No. Limite
st name of activity and bris irtual break-out rooms, desc			Association National Conference 2022 - No Limits
cation virtual		Date of act	ivity July 9, 2022 - July 12, 2022
articipant names LaRyta H	lunt		
Substitute Salary			Required Forms (Must be attached to this request)
0 1	1 /1 6.1		A . I . I
Substitute costs (\$95 pe		_ \$0.00	Authorized Leave Form *
xx	X		Authorized Leave Form *  (A separate form must be completed for each participant)
# of subs # of da	x \$95.00	= \$0.00 Total	
# of subs # of da	X \$95.00	Total	(A separate form must be completed for each participant)  Time Sheet
# of subs # of da	X \$95.00		(A separate form must be completed for each participant)
# of subs # of da	x \$95.00 on/benefits)	Total	(A separate form must be completed for each participant)  Time Sheet
# of subs # of da  Staff compensation Stipend (\$20 per hour w	x \$95.00 on/benefits)	Total	(A separate form must be completed for each participant)  Time Sheet  (A separate time sheet must be submitted for each participant)
# of subs # of da  Staff compensatio Stipend (\$20 per hour w,	x \$95.00  on /benefits)	\$0.00 \$0.00 \$169.00	(A separate form must be completed for each participant)  Time Sheet
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# of subs # of da  Staff compensatio Stipend (\$20 per hour w, Purchased Service Airfare (total \$) Registration* (Total amount Lodging** (Total amount Consultant Fee	x \$95.00  on /benefits)  ss  ount)	\$0.00 \$0.00 \$169.00 \$0.00	(A separate form must be completed for each participant)  Time Sheet (A separate time sheet must be submitted for each participant)  Travel Request/Reimbursement Form  Travel Request/Reimbursement Form * Please include copy of registration  Travel Request/Reimbursement Form **You will need to make your own hotel reservations.  Consultant Form
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# of subs # of da  Staff compensatio Stipend (\$20 per hour w, Purchased Service Airfare (total \$) Registration* (Total amount Lodging** (Total amount Consultant Fee  Materials/Supplies  Grand Total:	ays \$95.00  on /benefits)  ss  ount) t)	\$0.00 \$0.00 \$169.00 \$0.00 \$0.00	(A separate form must be completed for each participant)  Time Sheet (A separate time sheet must be submitted for each participant)  Travel Request/Reimbursement Form Travel Request/Reimbursement Form * Please include copy of registration Travel Request/Reimbursement Form **You will need to make your own hotel reservations.  Consultant Form  Request for Materials and Supplies Form  Activity:Approved



## **Virtual Registration Form**

### Review

Review the information below to confirm your registration is correct. Then, click Continue to submit your payment and complete the registration process.

Qty	Description	Amount
2	La Ryta Hunt (George Caleb Bingham Middle School)	
1	Virtual-Only Full Conference Student Member	\$169.00
		Balance Due \$169,00



Please select the payment type you are going to use.

Credit Card

O Check

O Purchase Order

Enter your discount code in the box provided below. Then, select the Apply Discount button.

Apply Discount

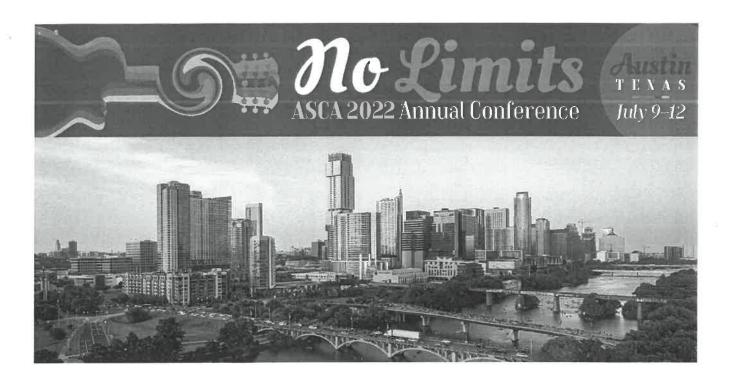
**Group Registration** 

Select the button below to add an additional attendee.

Add Additional Attendees

Back

Continue



## **Virtual Registration Form**

### Review

Review the information below to confirm your registration is correct. Then, click Continue to submit your payment and complete the registration process.

Qty	Description	Amount
2	La Ryta Hunt (George Caleb Bingham Middle School)	
1	Virtual-Only Full Conference Student Member	\$169.00
7 2 3866	Balance Due	\$169.00



Please select the payment type you are going to use.

O Credit Card

Check

O Purchase Order

Enter your discount code in the box provided below. Then, select the Apply Discount button.

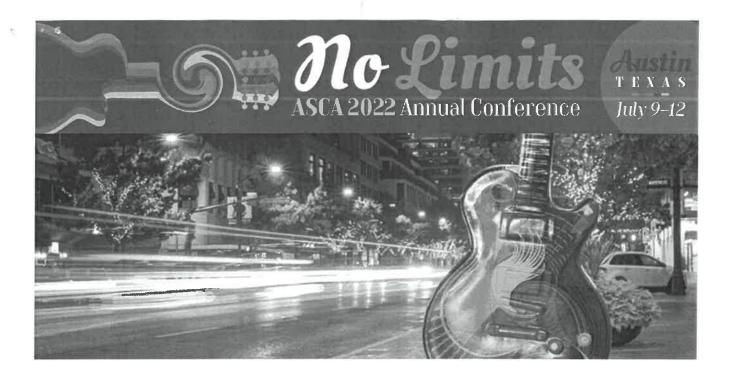
Group Registration

Select the button below to add an additional attendee.

Add Additional Attendees

Back

Continue



## **Virtual Registration Form**

### Review

Review the information below to confirm your registration is correct. Then, click Continue to submit your payment and complete the registration process.

Qty	Description	Amount
2	La Ryta Hunt (George Caleb Bingham Middle School)	
1	Purchase Order Processing Fee	\$10.00
1	Virtual-Only Full Conference Student Member	\$169.00
	Balance Due	\$179.00



Please select the payment type you are going to use.

- O Credit Card
- O Check
- Purchase Order

Enter your discount code in the box provided below. Then, select the Apply Discount button.

Group Registration
Select the button below to add an additional attendee.

Add Additional Attendees

Back

Continue