

LASALLE/PUTNAM COUNTY EDUCATIONAL ALLIANCE FOR SPECIAL EDUCATION

1009 Boyce Memorial Drive Ottawa, Illinois 61350

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WORKSHOP REQUEST FORM

I would like to request permission to attend the following workshop:

Name of Workshop _____

Date of Workshop _____

Location of Workshop _____

Purpose of Attending Workshop: _____

Link to Professional Growth Plan: _____

Estimated Costs:

Lodging: (Total cost of room plus applicable tax) _____

Arrival Time _____

Date(s) of Overnight Stay _____

Food: _____

Registration Fee: _____

Other Conference Fees: _____

Transportation Costs: _____

Other Miscellaneous Costs: _____

TOTAL ESTIMATED COSTS: _____

I understand that the electronic submission of this form by e-mail is the equivalent to my signature.

Date of Request

Signature of Person Requesting Approval

Approved

Not Approved

Date Request Reviewed

Signature of Director or Designee

I.S.B.E. approval for out of state travel

I.S.B.E. Grant Coordinator

PLEASE ATTACH ALL COMPLETED REGISTRATION INFORMATION WITH REQUEST

NOTE: If required, guarantee your room with your credit card. If the L.E.A.S.E. bookkeeper is provided with the name of the hotel and the total cost for lodging two weeks in advance of workshop, a check can be issued to pay for the said lodging upon your arrival.