



Blackstone Millville Regional School District Request to Attend a Professional Development Conference/Workshop

Name _____ Date _____

Title of Professional Development Conference/Workshop you are requesting to attend

Conference/Workshop Date(s) _____

If there is a registration fee? _____ Cost _____

How does this relate to your personal goals and/or district initiatives? _____

Are you requesting reimbursement or a purchase order to be paid to the vendor? If you are requesting a purchase order, what is the name of the vendor to be paid?

*Please attach a completed registration form to this request. The registration form will be sent with the purchase order to the vendor pending approval.

*If online registration is required you will receive an email notification once a purchase order has been processed. Is registration online only? _____

Reviewed (Principal) _____ Date _____

Approved/Denied (Superintendent) _____ Date _____

Reason Denied _____