

CONFERENCE/TRAINING/WORKSHOP REQUEST

This request is to be completed for **all** conferences/workshops, which includes Internal and External training. Internal Training: (Inner-Agency) Includes CMH sponsored workshops, Direct Care Curriculum and/or computer classes other than those required for new employees. External Training: (Non-CMH sponsored) Workshops, seminars, conferences, adult education, American Red Cross, American Heart Association, etc.

BOARD MEMBER NAME: _____ DATE: _____

NAME OF CONFERENCE/WORKSHOP: _____

DATE(S) OF CONFERENCE/WORKSHOP: _____

LOCATION: _____

See instruction of the other side of this page.

Registration Fee: _____

Estimated Materials Costs: _____

Estimated Transportation Cost and Parking: _____

Estimated Meal Expense: _____

Estimated Hotel Expense: _____

Total Estimated Costs: _____

Total Advance Requested (if any): _____

**Attach copy of conference/workshop brochure to this form.*

AUTHORIZATION SECTION (Please sign and check appropriate box):

BOARD CHAIRMAN : _____ Authorized Not Authorized

ORIGINAL: Account Clerk (only if expenses are involved)

cc: Requesting Board Member
Michael McCartan, Executive Director