St. Margaret's Episcopal School
Professional Development Conference Form

Date:

Teacher Name:

Routing: See attached sheet.

Introduction
A short and concise description indicating the organization hosting the conference/workshop/experience, the title, location, and date. Please attach brochure or other information.

Rationale
Why this conference/workshop/experience? Why is it a worthwhile endeavor in terms of your own development? This statement can enable us to find the most appropriate source of funding and document the use of monies.

Purpose or Goals
Identify specific goals and objectives for attending the conference, workshop, or experience. This section will validate your theoretical "rationale" statement.

Benefits to the Institution
Expect to do a presentation to share information that you learn with other members of the SMES community. Briefly describe how you might share information with others in the community—colleagues in your department or division, students, etc.

Expenses Complete attached sheet.
Proposals need only be a page in length. We appreciate your commitment to this process as it will enable us to more appropriately fund opportunities for faculty, share information and experiences with colleagues for their development, and document the use of funding.

Itemized Expenses for Professional Development Funding for Conferences

NAME: DIVISION:

DEPARTMENT: DATE OF PROPOSAL:

TITLE & DATE(S) OF WORKSHOP OR PROJECT:

Check one: _☐_ Faculty _☐_ Staff _☐_ Administration

DEADLINES:

ESTIMATED EXPENSES: ATTACHMENTS:

Registration/Tuition _____ Please attach brochure.

Materials _____

Lodging _____ Please attach three quotes.

Transportation _____ (flight # and quote) Attach 3 quotes.

_____ (actual airfare cost)

Mileage (50.5 cents/mile) _____ Parking _____

Meals (Limit $60/day) _____ Provide receipts for reimbursement.

Miscellaneous _____ (explain) Receipts required.

Total _____

Will a substitute be needed? (If yes, number of days.) _____

Endorsement of Department Chair:

_____ _____ Signature & Date

Endorsement of Division Principal:

_____ _____ Signature & Date

Approval of Professional Development Committee Chair

_____ _____ Signature & Date