

District Office (620) 723-2145

Unified School District 422 Kiowa County Schools

710 S. Main St. Greensburg, KS 67054

KCES (620) 723-2332

ATTACH CONFERENCE INFORMATION (EMAIL, FLYER, MAILING, ETC.) WITH YOUR APPLICATION. CONFERENCE APPROVAL MUST BE COMPLETED BEFORE APPLICANT ATTENDS THE CONFERENCE.

USD 422 CONFERENCE	APPLICATION		
Conference Title:			
Conference Date:			
Conference Location:			
Conference Time:	AM	PM	All Day
Will You Need a Sub?	YES	NO	
District Transportation?	YES	NO	
Conference Applicant Name:			
Please list reasons why you wou	ld like to attend, and hov	the conference	will benefit your position:
	istrict transportation, please atta	ach a Transportation R	Request to this form.
DISTRICT REIMBURSEM	ENT		
If seeking District reimbursement, the conference, please complete the Office of the Superintendent.			
	Projected Cost:		Actual Cost:
REGISTRATION			
MEALS			
HOTEL			
OTHER COSTS*			
*Please Identify Other Costs:			
ADMINISTRATIVE ADDR	OVAL		
ADMINISTRATIVE APPR	OVAL		
Applicar	nt Signature		Date
	ıl Signature		Date
ғт інсіра	a signature		Dute
Superinten	dent Signature		Date

KCHS (620) 723-2164