

Request to Attend Professional Meeting/Conference Form

ORIGINATOR INSTRUCTIONS:

1. Complete all sections. Save form using the following format: Last Name, Date of Conference (Smith 042512).
2. Forward saved file VIA EMAIL to your principal/supervisor requesting approval.

NOTE: This request must be submitted for approval two weeks prior to the date of conference (one month prior to the date if overnight accommodations are required). Failure to complete or submit this form on a timely basis may result in the denial of this request.

Today's Date: 8/19/2013
 Employee Name: Ryan Kociela
 Home School: Senior High

Name of Conference: PAESSP Lessons in Leadership
 Date of Conference: October 27-29, 2013
 Location of Conference: State College, PA
2013 State Conference

Brief Description of Conference: _____
 Substitute Required: Yes No

SEP 7
Ed. Com
A. Kociela

Applicable Expense Account Number: 05483
 Estimated Expenses: 600.00

Note: Estimated Expenses include mileage, registration fees, hotel and meal expenses, etc.
 If expenses are needed prior to the meeting, please fill out a "Voucher Warrant" requesting an "Advance". "Voucher Warrant" form can be found on the District Website under Employee Forms.

APPROVAL INSTRUCTIONS:

1. Place X in appropriate approval box, enter your name and today's date in the space provided, save file.
2. Forward saved file via email to the next administrator. Please forward in the following order:

1. Principal/Supervisor Approval: Yes No R. Kociela 8/23/13
 Principal/Supervisor - Name & Date

2. Assistant Superintendent: Yes No Cayron 8/26/13
 Assistant Superintendent - Name & Date

3. Superintendent: Yes No _____
 Superintendent - Name & Date

4. Board Secretary: _____
 Board Secretary - Name & Date

2013 PAESSP Conference Registration

Member's First PAESSP Conf.

Name Ryan B. Kociela Position High School Principal
 School District Plum Borough School Plum Senior High School
 S.D. Address 900 Elicker Road School Address 900 Elicker Road
Pittsburgh, PA 15239 Pittsburgh, PA 15239
 School Phone (412) 795-4880 Fax (412) 795-3527 E-mail kocielar@pbsd.k12.pa.us
 Badge Name _____ 7-Digit PP ID# 7264789
 Spouse's Name _____ (Social Security numbers will not be accepted.)
 (Spouse need not pay registration fee - only cost of meals attending.) I will _____ will not be staying at the hotel.

Full Conference Rates for Individuals

All meals and programs are included.

Early Bird Registration (received on/before 7/12/13)

_____ Member Early Bird - \$275

_____ Non-member Early Bird - \$375

Registration (received 7/15/13 - 10/21/13)

_____ Member Advance - \$300

_____ Non-member - \$400

_____ Member Attending First PAESSP Conference - \$275

_____ Retired Member - \$115

Fees Enclosed

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Full Conference Rates for Teams of PAESSP members

All meals and programs are included.

IMPORTANT: (Separate forms MUST be filled out for each team member from a district and they MUST be received together for discount to be given.)

District Team (must have 3 or more full conference registrants) - \$275 each

\$ 275.00

NOTE: Member On-Site - \$350 / Non-member On-Site - \$425 (Postmarked after 10/21/13)

\$ _____

Per Diem Rates

_____ Sunday - Member - \$175 / Non-member - \$200

(includes all p.m. sessions plus refreshments, president's reception and banquet*)

\$ _____

_____ Members Only - \$125 (without Banquet)

(includes all p.m. sessions plus refreshments)

\$ _____

_____ Monday - Member - \$225 / Non-member - \$250

(includes all programs of the day plus continental breakfast, lunch and refreshments)

\$ _____

_____ "Invited Teacher" (with registered principal) - \$125

(includes all programs of the day plus continental breakfast, lunch and refreshments)

\$ _____

_____ Tuesday - Member - \$125 / Non-member - \$150

(includes all programs of the day plus buffet breakfast)

\$ _____

Extra Meals (for spouse/guest)

_____ Sunday Banquet* - \$45

_____ Monday Lunch w/Exhibits - \$25

_____ Tuesday Buffet Breakfast - \$25

\$ _____

\$ _____

\$ _____

PIL Registration Fee
from reverse side

TOTAL ENCLOSED \$ 275.00

*Selection for Sunday Banquet - Select number of entree(s) desired.

_____ Roasted Prime Rib of Beef _____ Nittany Lion Inn Crab Cakes
 No. No.

Meals in which attendee will participate:

	Yes	No
Sunday Banquet	_____	_____
Monday Continental Breakfast	<input checked="" type="checkbox"/>	_____
Monday Lunch	<input checked="" type="checkbox"/>	_____
Tuesday Breakfast	<input checked="" type="checkbox"/>	_____

If check is not enclosed, provide the following information for billing the district:

Purchase Order # _____
 Purchase Order Date _____

Please complete form and return original to:
 PAESSP Conference, P.O. Box 39, Summerdale, PA 17093

NO REFUNDS IF NOTIFIED AFTER OCTOBER 14, 2013 (see cancellation policy on page 2)