

Regional Office of Career & Technical Education

2201 Toronto Road, Room 283, Springfield, IL 62712-3808 Phone 217.529.3716 Fax 217.529.8361
Mary Jo Wood, ROCTE Director

Request for Professional Development

Directions: Submit form to ROCTE **prior** to event. (Incomplete forms will be returned.)

Following Director approval, ROCTE will register participant (if so requested), and pay for registration fees (if applicable). Reimbursements for expenses (i.e. registration fees, substitute coverage, or lodgings) will be processed after the conclusion of event.

Name of requestor _____
Phone _____ Email _____
School name _____
School address _____
Event name _____ Subject taught _____
Registration website _____
Location of event _____ Date(s) _____

BENEFIT TO GRANT Please provide explanation of how your participation will advance the goals of this funding.

Registration _____ Please register me: \$ _____ (Note: Include print-out of completed registration form.)

_____ I am registered. Please reimburse me. (Note: Include proof of registration.)

Substitute coverage # _____ day(s) District rate \$ _____/day

Lodging # _____ night(s) Room rate \$ _____/night

--- ROCTE Use Only ---

Registration

Signature

Date

Reimbursement

Building principal or superintendent signature

Date

Check no.

Mary Jo Wood, ROCTE Director

Date