GOODHUE COUNTY EDUCATION DISTRICT #6051

395Guernsey Lane, Red Wing, MN 55066 • Phone 651.388.4441 • Fax 651.388.9557

CONFERENCE & MEETING REQUEST FORM

Please Submit This Form To The District Office.

Employee Name:	Daytime Phone:	
Conference/Meeting Title:		
Location & Address:		
Conference/Meeting Date:	Time:	
Registration Deadline:	Registration Cost:	
Will they accept a Purchase Order?	Yes, please fax the P.O.	☐ No, please request check.
Estimated Costs for: Mileage	Meals:	Accommodations:
Purpose of attendance:		
		ing agenda, completed registration name, address, phone, and group
discount info if applicable.***	,	, 6 6 6 7 6 7 6 7 6 7
Director's Signature	Employ	vee's Signature

In order for us to promptly process this request, please include all information.

You are required to notify all people affected by your absence in advance and/or obtain a substitute if needed.

It is an expectation that you will share your learning with staff if requested.

You will receive email confirmation from Cindy Luhman upon approval from the Director.