

**Professional Meeting and/or Travel Request Form**

Employee Name: Deanna Holman

Today's Date: 1-5-18

School/Work Location: SLES

Location of Conference/Workshop: \_\_\_\_\_  
City, State Location of Conference/Workshop: Richmond, Ky. (Requires Board Approval)

Conference/Workshop Date(s): Feb 8-10 Departure Time: 5AM Return Time: 2PM

Conference/Workshop Name: KMEA Conference

Rationale for Attendance: To obtain content specific professional learning

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: \_\_\_\_\_  
Employee Name: \_\_\_\_\_  
Employee Name: \_\_\_\_\_  
Employee Name: \_\_\_\_\_

Location/Position: \_\_\_\_\_  
Location/Position: \_\_\_\_\_  
Location/Position: \_\_\_\_\_  
Location/Position: For allowable hours No  Yes

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?  
Credit must be approved by the SBDM and/or Professional Development Coordinator  
ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?  
WILL YOU BE PARTICIPATING AS A CONSULTANT?  
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

**ESTIMATED EXPENSES:**

Substitute Needed:  YES or NO  No. of Days 2  
Registration Fee: \$ 105  
Use of Board Vehicle:  YES or NO  No. of Miles  
Use of Personal Vehicle: \_\_\_\_\_  
Mileage \$ \_\_\_\_\_  
Hotel/Lodging (amount per night) \$ 120 How many nights 2  
Meals \$ 110 approximately How many days  
Car Rental (amount per day) \$ \_\_\_\_\_  
Air Fair \$ \_\_\_\_\_

Method of Payment: SBDM Funds  
Method of Payment: SBDM Funds  
Method of Payment: \_\_\_\_\_  
Method of Payment: Not requesting reimbursement  
Method of Payment: SBDM Funds  
Method of Payment: SBDM Funds  
Method of Payment: \_\_\_\_\_

**ADDITIONAL INSTRUCTIONS:**

\* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant: Deanna Holman

Date: 1-5-18

Signature of Principal/Supervisor: Becky Stanning

Date: 1-5-18

Signature of Superintendent/Designee (If Necessary): Victory [Signature]

Date: 1/5/18

Review/Revised: 7/11/2016



**February 7-10, 2018 KMEA Professional Development Conference Pre-Registration Form**

Mail the completed form and payment to KMEA, P.O. Box 1058, Richmond, KY 40476-1058

Deadline: Friday, January 26, 2018

Please type information before printing.

Deanna Holman  
 Cell phone 270-339-9852  
 Name South Livingston Elementary School  
 City Smithland  
 KMEA district 1  
 School phone 270-928-3500  
 Email deanna.holman@livingston.kyschools.us  
 270-339-9852  
 Home address 714 Blue Ridge Rd  
 City Smithland  
 State Ky  
 Zip 42081  
 Home phone 270-339-9852

Spouse's name (if registering) \_\_\_\_\_  
 Cell phone \_\_\_\_\_  
 NAME ID# \_\_\_\_\_  
 Renewal date \_\_\_\_\_

School \_\_\_\_\_  
 City \_\_\_\_\_  
 KMEA district \_\_\_\_\_  
 School phone \_\_\_\_\_

Email \_\_\_\_\_  
 Cell phone \_\_\_\_\_

Registration Choice(s) (Indicate number of registrations you are paying for)	Pre-Reg Rate	On-site Rate	Amount Due	Request printed conference program *		AS Band & Orchestras	Jazz	Clinics	All-State Tickets	Invited Groups	Exhibits	Total amount due						
				Yes	No							per registrant	\$0.00	\$62.00	\$125.00	\$62.00		
KMEA Member	\$85.00	\$100.00																
Spouse (who is a member)	\$50.00	\$50.00																
X Non-member	\$105.00	\$130.00	105.00	✓														
Chaperone	\$50.00	\$50.00																
CNAME member	Free	Free	\$0.00															
Retired KMEA members	Free	Free	\$0.00															
Administrators	Free	Free	\$0.00															
KMEA-NAME Active dues	\$125.00																	
KMEA-NAME Retired dues	\$62.00																	

\*KMEA offers a conference app, so some attendees do not want a printed program.

List chaperones' names and schools for the purpose of admission to exhibits and concerts. (Requires inclusion of \$50 chaperone registration fee.)

Name _____ School _____ <input type="checkbox"/> Chaperone <input type="checkbox"/> Administrator	Name _____ School _____ <input type="checkbox"/> Chaperone <input type="checkbox"/> Administrator	Name _____ School _____ <input type="checkbox"/> Chaperone <input type="checkbox"/> Administrator
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Payment for Conference Registration can be made with Visa, Mastercard, Discover, check, or purchase order (copy of purchase order must be included with registration form)

Type of credit card \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Purchase order \_\_\_\_\_

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_

3 digit code (on back of card) \_\_\_\_\_ Signature \_\_\_\_\_