

PAXTON-BUCKLEY-LODA COMMUNITY UNIT SCHOOL DISTRICT NO. 10

WORKSHOP ATTENDANCE/REGISTRATION REQUEST

Name of Employee: _____

Name of Workshop: _____

Date of Workshop: _____

Location of Workshop: _____

Registration Cost: _____

Registration Form and Money
to be Sent to: _____

Additional Estimated Expenses:

Mileage: _____

Meals: _____

Lodging: _____

Signature of Employee / Date

Signature of Principal / Date

Signature of Superintendent / Date

**PLEASE RETURN THIS FORM TO THE PBL UNIT OFFICE FOR APPROVAL
AT LEAST TWO (2) WEEKS PRIOR TO REGISTRATION DEADLINE.**