

**REQUEST FOR CONFERENCE TIME**

**Requests must be submitted three (3) weeks prior to the registration deadline**

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| **Employee Name:**  |
| **Name of Conference:** |
| **Conference Organizers:**  |
| **Description:**  |
| **Date(s):**  | **Start Date:**  | **Time:**  |
| **End Date:**  | **Time:**  |
| **Location:**  |
| **How will the experience enhance patient care delivery or administrative competence?**  |
| **How will you share this experience to benefit the department?**  |
| **Check all that apply:**  | **[ ] Time Only** |
| **[ ] Registration Fee** | **[ ] Lodging** | **[ ] Food** | **[ ] Air Fare** |
|  | **[ ] Taxi** | **[ ] Car (gas & mileage)** | **[ ] Other Travel** |
| **Total Cost:**  | **Registration Fee $****(include only the registration fee)** **Other Estimated Expenses $****(hotel, food, etc.)**  |
| **Are CEU’s Offered:**  | **[ ] Yes** **[ ] No**  | **How Many?**  |

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| **Employee Signature:**  | **Date:** |

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| **[ ]  Discussed with Clinical Director/Manager**  | **Coverage Person:** |

**(Attach copies of conference materials)**



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| **Administrative Approval:**  | **Date:** |