



COUNCIL OF SCHOOL OFFICERS
AMERICAN FEDERATION OF SCHOOL ADMINISTRATORS,
LOCAL 4 (AFL-CIO)



PROFESSIONAL CONFERENCE REGISTRATION REIMBURSEMENT FORM
MAXIMUM REGISTRATION REIMBURSEMENT: \$300

DATE:

NAME:

POSITION TITLE:

HOME ADDRESS:

CITY:

STATE:

ZIP CODE:

HOME PHONE NUMBER:

CELL PHONE NUMBER:

NAME OF SCHOOL:

PHONE NUMBER:

PROFESSIONAL ORGANIZATION NAME:

CONFERENCE TITLE:

CONFERENCE DATE:

CONFERENCE CITY:

CONFERENCE STATE:

REIMBURSEMENT AMOUNT (ATTACH RECEIPT):

JUSTIFICATION: