

## Almadina Language Charter Academy

### Professional Development Form

Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Conference or Workshop (Please attach agenda): \_\_\_\_\_

Date of Conference - From: \_\_\_\_\_ To: \_\_\_\_\_

Location: \_\_\_\_\_

Conference Costs:

Item	Cost
Registration	
Travel	
Accommodation	
Food	
Tuition	
Other	
<b>Total \$</b>	

Note: at \$0.50/km when you use your own vehicle

**Please note: Whenever possible, travel must be shared with other staff attending the same conference.**

Briefly describe how this conference or workshop fits in with your professional goals and/or assignment this year.

Contributing Teachers

Name	Amount	Signature

Principal's Comments

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date