



PROFESSIONAL DAY FORM

Form must be sent to Robyn Fisher in the Central Office by the **first Friday of the month**

1. **ACTIVITY** _____
(Attach copy of registration form / flyer / correspondence)

2. **LOCATION** (Place, Town, State):

3. **DATE:** _____ **TIME:** _____

4. **SPONSOR OF ACTIVITY:** _____

5. FEES TO BOARD: This section must be completed IN FULL

Registration	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	Amount _____	(Attach copy)
Hotel	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	Amount _____	(Attach prior approval)
Meals	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	Amount _____	(Attach prior approval)
Travel/Mileage	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES		

Substitute needed? ☐ **NO** ☐ **YES**

6. **HOW DOES THIS ALIGN WITH PGP?** _____

_____ **I HAVE SUBMITTED THIS ON AESOP**

Requested By: _____ **Date:** _____

HS only: Dept. Supv. /Bldg. Dir./ Supv. _____ **Date:** _____

Principal /District Director / Supervisor: _____ **Date:** _____

Secretary's Initials _____

CENTRAL OFFICE USE ONLY

SUPERINTENDENT _____ **DATE:** _____

BOARD MEETING APPROVAL DATE: _____