

WILLIS INDEPENDENT SCHOOL DISTRICT  
FEDERAL PROGRAMS

**WORKSHOP or CONFERENCE REGISTRATION**

**WORKSHOP or CONFERENCE INFORMATION**

DATE OF TRAINING: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
HOST: \_\_\_\_\_ WEBSITE: \_\_\_\_\_  
TITLE OF WORKSHOP or CONFERENCE: \_\_\_\_\_  
REGISTRATION FEE: \_\_\_\_\_

**ATTENDEE'S INFORMATION**

NAME: \_\_\_\_\_ CAMPUS: \_\_\_\_\_  
POSITION & GRADE LEVEL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
REASONS FOR ATTENDING WORKSHOP or CONFERENCE: \_\_\_\_\_  
\_\_\_\_\_

**IN ORDER FOR WILLIS ISD TO REGISTER THE ATTENDEE THE FOLLOWING MUST BE SUBMITTED:**

**PRIOR TO THE TRAINING:**

1. THIS COMPLETED FORM
2. COMPLETED REGISTRATION FORM

**FOLLOWING THE TRAINING:**

3. PROOF OF ATTENDANCE SUCH AS BADGE, AGENDA OR CERTIFICATE
4. WORKSHOP EVALUATION (WILLIS ISD FORM)

COMPLETED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

CAMPUS GOAL ADDRESSED: \_\_\_\_\_

PRINCIPAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DISTRICT USE ONLY**

ACCOUNT # \_\_\_\_\_

DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_