

Request for Professional Development Services

Date of Request:		
Name of Event:		
Description of Event:		
District Contact Person:		
Building: Phone:	E-mail:	
Consultant's Information:		
Name/Company	W-9	
Address	Phone	
Districts involved:		
Minimum Participant #	Maximum Participant #	
Time Frame:		
Location:	Room Set-up	
Audience/ Grade Level/s:		
Equipment:		
Supplies:		

Expenses	Name of	Cost	Who is Responsible?
	Contract/ Vendors		
Consultant			
Food			
Materials			
Printing			
Other			
Sub-total			
BOCES coordination fee of 10%			
Total			
Charge by district			
Charge by Participant			

What are the measurable goals/outcomes of the Professional Development?			
Is any follow-up	requested?		
	Dringing//s Signature.		
	Principal's Signature:Superintendents Signature:		