

City of Shelton – Conference/Seminar Attendance Request	
Employees:	Dept:
Name of Conference:	
Sponsored by:	
Dates:	
Location:	
Conference Cost	
Estimated Travel Costs	
Estimated Lodging	
Food	
Miscellaneous Conference Costs	
Total:	
PAYEE INFORMATION	
Name/Address of Payee:	Amount of Check:
PURPOSE FOR ATTENDING THIS SEMINAR	
EMPLOYEE'S SIGNATURES	
Asst. ACO Patrick Dempsey	
DATE:	
AUTHORIZATION TO ATTEND THE REQUESTED CONFERENCE/SEMINAR	
	:
	Date:
Administrative Assistant Thomas Taylor:	
	Date:
Costs are to be charged to account #:	
	Description:

*A copy of registration form is attached.