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## Conference Registration Form - Employee Development

Tech ID Number \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Bargaining Union \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Department \_\_\_\_\_

Supervisor's signature and phone number \_\_\_\_\_

Conference/Workshop \_\_\_\_\_

Dates \_\_\_\_\_

Location \_\_\_\_\_

Cost \_\_\_\_\_

Please attach a copy of the brochure of the conference.

How does this conference/workshop enhance your professional growth?

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Please complete this form, print it out and return it to Employee Development at E1531 or fax to 651.779.3269.