

Mounds View Public Schools
350 Highway 96 West
Shoreview, MN 55126

Form EG-5101-C

CONFERENCE REPORT

Name _____

Date _____

Title _____

School _____

Conference Attended _____

Dates _____ Location _____

Total Cost to District \$ _____*

Substitute Teacher Required Yes () No ()

*Include substitute teacher cost, if applicable

Please report in outline form the major ideas learned at the meeting and implications such may have for District 621.

This completed form is to be given to your supervisor along with the post-conference and convention expense report for state and national meetings. Final payment will not be made until the two forms are submitted.

Revised: 3-8-06 (address change only)