

OPEN PO NO. 800214

CONFERENCE REGISTRATION FORM

**BELLINGHAM SCHOOL DISTRICT NO. 501
1306 Dupont St - BELLINGHAM, WA 98225-3198**

PLEASE NOTE: THIS FORM IS INTENDED FOR REGISTRATIONS OVER THE \$100/PERSON LIMIT. REGISTRATIONS UNDER \$100/PERSON MUST BE PAID BY EMPLOYEE AND REIMBURSEMENT APPLIED FOR ON A TRAVEL AND EXPENSE FORM. (STUDENT REGISTRATIONS ARE EXEMPT FROM THE \$100/PERSON RESTRICTION AND MAY USE THIS FORM.)

SCHOOL/DEPT: _____ TODAY'S DATE: _____ REQUESTED BY: _____

TELEPHONE NO.: _____ ACCOUNT NO. _____ DEPT. OR PRINCIPAL'S APPROVAL: _____

VENDOR NAME/ADDRESS: _____ TELEPHONE: _____
REGISTRATION DEADLINE DATE: _____
DATE REC'D BY BUS/ACCTG OFFICE: _____

MEETING TITLE: _____

MEETING DATE/S: _____

NAME OF ATTENDEE/S:	COST PER PERSON	TOTAL COST

TOTAL NUMBER ATTENDEES: GRAND \$ TOTAL

YOU ARE RESPONSIBLE FOR SENDING IN YOUR OWN REGISTRATIONS.

- PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ACCOUNTING:
- THE VENDOR ACCEPTS OUR PO NUMBER AND WILL SEND AN INVOICE.
 - (CIRCLE ONE) THE ATTACHED REGISTRATION FORM HAS BEEN MAILED/FAXED/PHONED IN/OR SUBMITTED ON-LINE.
 - SPECIAL HANDLING REQUIRED AS NOTED ABOVE OR ATTACHED.

PLEASE RETURN TO ACCOUNTS PAYABLE WHEN COMPLETE