

# GOVERNMENT HOUSE HISTORICAL SOCIETY

## Request to Attend

Training Session : Seminar : Conference

Name

Please Print

Address

for Sending Reimbursement

Phone

Email

|                               |                  |  |  |  |  |  |  |  |
|-------------------------------|------------------|--|--|--|--|--|--|--|
|                               |                  |  |  |  |  |  |  |  |
| Event Name                    |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
| Event Organiser<br>or Sponsor |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
| Date of Event                 |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
| Registration Deadline         |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
| Estimated Costs               | Registration     |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
|                               | Travel / Parking |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
|                               | Meals            |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
| Relevance of Event            |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
| Signature                     |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
| Date of Request               |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
| <b>GHHS</b>                   |                  |  |  |  |  |  |  |  |
| Date Received                 |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
| Approved by                   |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |
|                               |                  |  |  |  |  |  |  |  |