



Wells-Ogunquit Adult Education

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Professional Development Approval Form

Note: All PD must directly relate to your specific role in the adult education program

Name:
Conference Name:
Webinar or Workshop:

Description of conference, webinar or workshop: <i>please include website or flyer insert</i>

Conference start date:
Webinar/workshop date/Time:
Credit Hours:

Approved: _____

Travel Expenses Approved _____

Additional Expenses Approved _____