



OFFICE OF SECRETARY OF STATE
REQUEST FOR IN-STATE CONFERENCE/TRAINING

NAME									
TIME OF TRAINING	MONTH	DAY	YEAR	TIME		MONTH	DAY	YEAR	TIME
BEGINNING	/	/	/		THROUGH	/	/	/	
TITLE OF TRAINING									
LOCATION OF TRAINING									
FIRM/AGENCY CONDUCTING TRAINING									
COST OF TRAINING TO SOS									
\$									
NOTE: THIS FORM NOT REQUIRED FOR OUT OF STATE TRAINING.									
STAFF MEMBER SIGNATURE							DATE		
DIVISION DIRECTOR APPROVAL SIGNATURE							DATE		
EXECUTIVE DEPUTY APPROVAL SIGNATURE (IF COST IS OVER \$1,000)							DATE		