Name	Application Date
Position	CPS ID #
Building	
I request permission to atter	nd the following:
Name of event	
Location of event t City/State	
Name oforganization sponso	oring event
Are you a member of this or	ganization? Yes No
Date(s) of event (inclusive)	(m/d/yr) START END
Reason	

	n to the fully, complete e conference, please su				ed information
1. What	is the purpose of the c	conference?			
2. Provid	e evidence fr oh e confe	rence website sh	nowing how the	conference aligns	to the CP