

International Christian Institute & Linguistics School

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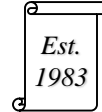
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Group Request To Attend Form



Employee Information:

Contact Name: _____ Position: _____

Contact Email:

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Workshop/ Conference Information:

Agency/Organization: _____

Title of Workshop/Conference: _____

Brief Description:

Anticipated Benefits:

Workshop Date: ____/____/____ to ____/____/____

Start Time: ____:____ End Time ____:____

Location (Address, City, St): _____

Registration Fees: _____ Travel Cost: _____

Contact Signature: _____ Today's Date ____/____/____

For Office Use Only:

Approved Denied

Reason for denial:

(Print)

(Signature)

Today's Date ____/____/____