

# International Christian Institute & Linguistics School

(Phone): 281-561-0809

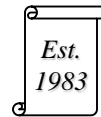
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## Request To Attend Form



### Employee Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employee Email:

### 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: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**For Office Use Only:**

Approved  Denied

Reason for denial:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_