# Convention Attendance Request

### BMD-140

Department or Agency: Assessor	For BMD Use
Convention Name: North Central Regional Assn of Assessing Office Priority:	
Location (City and State): Wisconsin Dells, WI	
Convention Dates From: June 14, 2015 June 17, 2015	
Actual Number of Convention Days: 4	
Registration Fee: \$260 (Assessor office budget will pay \$260 toward ONE attendee)	
Estimated Daily Hotel Cost: none	
Estimated Airfare/Travel Cost: none	
Source of Funds Requested	
Departmental Funds - Account Number: 636501	
Name of Person Attending: Undetermined - member/s of the Assessor Offic	e Management staff
Title	e and Telephone Number
Signature Steven A Many	3/26/15
Department or Agency Head	Date

# **Convention Attendance Request**

### BMD-140

Department or Agency: Assessor	For BMD Use
Convention Name: International Association of Assessing Officers Priority:	
Location (City and State): Indianapolis, IN	
Convention Dates From: September 13, 2015 September 16, 2015	
Actual Number of Convention Days: 4	
Registration Fee: \$500 (Assessor office budget will pay \$500 toward ONE attendee)	
Estimated Daily Hotel Cost: none	
Estimated Airfare/Travel Cost: none	
Source of Funds Requested:	
Departmental Funds - Account Number: 636501	
Name of Person Attending: Undetermined - member/s of the Assessor Office Manager	nent staff
Title and Tele	phone Number
Signature Sleven A Mary 3/20	1/15
Department or Agency Head	Date

### **Convention Attendance Request**

#### BMD-140

Department or Agency: Assessor	For BMD Use
Convention Name: Wisconsin League of Municipalities Priority:	
Location (City and State): Milwaukee, WI	
Convention Dates From: October 28, 2015 October 30, 2015	
Actual Number of Convention Days: 3	
Registration Fee: \$240 (Assessor office budget will pay \$240 toward ONE attendee)	
Estimated Daily Hotel Cost: none	
Estimated Airfare/Travel Cost: none	
Source of Funds Requested:	
Departmental Funds - Account Number: 636501	
Name of Person Attending:  Undetermined - member/s of the Assessor Office Manage	ment staff
Title and Tele	ephone Number
Signature Stewn A Mfm 3/20	1/15
Department or Agency Head	Date