*Instructions: Customize the highlighted areas. Email the planning committee (MCHAdolescentHealthSummit@health.ok.gov) if additional information is needed.*

[Date]

Dear [supervisor’s name]:

I would like your approval to attend the Maternal and Child Health 2023 Adolescent Health Summit sponsored by the Oklahoma State Department of Health. This all-day event is taking place June 28, 2023, at the Metro Technology Center's Springlake Campus, 1700 Springlake Drive, Oklahoma City, Oklahoma 73111.

This Summit is designed to provide professionals, adults, and caregivers of adolescents in Oklahoma with interdisciplinary training and tools to improve the health of adolescents in their communities. The Summit provides a platform for active learning and peer sharing that participants can immediately apply to their work. As an attendee, I can assess tools and information related to advancing adolescent health, expand my professional network, and share the work we are doing at XXXX.

There is no registration fee for this event, but our organization would be responsible for travel costs.

Here is the breakdown of additional costs: [Insert your estimated travel expenses here.]

* Ground Transportation: <$xxx>

*It is xx miles from (your office) to Metro Technology Center.*

* Meals: Attendees will need to cover breakfast and lunch on their own.

Sincerely,

[Your Name]