CONFERENCE REQUEST FORM

Promotion: Local Regional National Projected Attendance: Event Summary: Proposed Speakers: Plenary Sessions Breakout Sessions APPROVAL Academic Administration Date: Institutional Administration Date:	Office/School/Department:		
Event Name: Date(s): Target Audience: Available Budget: \$ Promotion: Regional National Projected Attendance: Event Summary: Proposed Speakers: Plenary Sessions APPROVAL Academic Administration Date: Institutional Administration Date: Dat	Date Requested:/		
Event Name:	Contact Name:	Phone:	
Date(s):	EVENT INFORMATION —		
Date(s):	Event Name:		
Target Audience: Available Budget: \$	Date(s):	Annual Event:	Yes □ No □
Regional National National Projected Attendance:		Available Budget: \$	
Projected Attendance: Event Summary: Proposed Speakers: Plenary Sessions Breakout Sessions			Local Regional
Proposed Speakers: Plenary Sessions Breakout Sessions APPROVAL Academic Administration	Projected Attendance:		National []
Proposed Speakers: Plenary Sessions Breakout Sessions APPROVAL Academic Administration Date: Institutional Administration Date:	Event Summary:		
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APPROVAL Academic Administration Date: Institutional Administration Date:	Plenary Sessions		
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Event Productions Date:	Institutional Administration	Date:	
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