

CONFERENCE REQUEST FORM

Office/School/Department: _____

Date Requested: ____ / ____ / _____

Contact Name: _____ Phone: _____

EVENT INFORMATION

Event Name: _____

Date(s): _____

Annual Event: Yes No

Target Audience: _____

Available Budget: \$ _____

Promotion: Local
Regional
National

Projected Attendance: _____

Event Summary:

Proposed Speakers:

Plenary Sessions

Breakout Sessions

APPROVAL

Academic Administration _____ Date: _____

Institutional Administration _____ Date: _____

Event Productions _____ Date: _____