University of Saskatchewan Conference Fund Application Form

SURNAME:	FIRST NAME:						
DEPARTMENT:	COLLEGE:						
OFFICE ADDRESS:	TELEPHON	E:	E-MAIL ADDRESS:				
CONFERENCE SUMMARY							
CONFERENCE TITLE							
START DATE (DD/MM/YR):		END DATE (DD/MM/YR):					
LOCATION (must be in Saskatchewan):							
TYPE OF CONFERENCE							
PRIMARY FOCUS: Research Teaching Administrative							
PRIMARY AUDIENCE:							
SCOPE (Audience is primarily:)							
EVENT PURPOSE: Academic Engagement Administrative Engagement Community Outreach & Engagement Promotional							
Please estimate the expected number of conference participants:							
Is this a regularly held conference?							
If yes, please indicate the sponsoring organization:							
Has this event received funding from the University Confere	ence Fund in	the past?	Yes No				
If Yes, please indicate the date of last allocation:	cate the nat	ura nurnosa imn	ortance and relevance to the University of Saskatchewan				
BRIEF DESCRIPTION OF CONFERENCE (Please indicate the nature, purpose, importance, and relevance to the University of Saskatchewan.) Attach conference brochure or circular if available.							
HAD ASSMENT DOLLOW (CODE OF CONDUCT							
HARASSMENT POLICY/CODE OF CONDUCT As a University sponsored event, the conference and proceedings supporting the conference are subject to all relevant and applicable University policies,							
regulations and ethical standards of conduct, including those pertaining to the education of students.							

ANTICIPATED REVENUE:						
Amount requested from the University Conference Fu	ınd:	(a)	\$			
Describe how funds will be used.						
Anticipated Registration Fees		(b)	\$			
Confirmed Sources of Financial Support						
Source:	Amount Requested	Amount Confirmed				
College	\$	\$				
		Total (c)				
Requested (unconfirmed) Sources of Financial Support						
Source	Amount Requested					
		Total (d)				
TOTAL ANTICIDITATED DEVENUE. (c. b. c. d		TOTAL (a)	¢			
TOTAL ANTICIPTATED REVENUE: (a + b + c + d)	TOTAL (e)	\$			
PROJECTED EXPENSES (Append details for all.)						
Speaker(s) related costs (Honorarium, travel, per diem, a						
Promotion and dissemination						
Administration						
Equipment Rental						
Space Rental						
Local Transportation						
Refreshments / Catering						
Other (please specify)						
Other (please specify)						
TOTAL ANTICIPATED EXPENSES		(f)				
ANTICIPATED SURPLUS OR DEFICIT: ($e - f = Surplus$ or Deficit)			\$			
Indicate how surplus conference generated funds will be used:						

CONFIRMED IN-KIND SUPPORT				
Type of Support	Estimated Value	Source		
SIGNATURE OF APPLICANT:				
If application is sent electronically as an attachment, no signature of applicant is required)				