**University of Saskatchewan Conference Fund Application Form**

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| SURNAME: | FIRST NAME: | | | |
| DEPARTMENT: | COLLEGE: | | | |
| OFFICE ADDRESS: | TELEPHONE: | | | 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:  Faculty  University Students  Administrative  Other *(describe*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| SCOPE (Audience is primarily:)  International  National  Provincial  University-wide | | | | |
| EVENT PURPOSE:  Academic Engagement  Administrative Engagement  Community Outreach & Engagement  Promotional | | | | |
| Please estimate the expected number of conference participants: | | | | |
| Is this a regularly held conference?  Yes  No | | | Annually  Biennially  Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| If yes, please indicate the sponsoring organization: | | | | |
| Has this event received funding from the University Conference Fund in the past?  Yes  No  If **Yes,** please indicate the date of last allocation: | | | | |
| **BRIEF DESCRIPTION OF CONFERENCE** (Please indicate the nature, purpose, importance, and relevance to the University of Saskatchewan.) Attach conference brochure or circular if available. | | | | |
| |  | | --- | | **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. | | | | | |

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| **ANTICIPATED REVENUE:** | | |
| **Amount requested from the *University Conference Fund: (a)***  **GRADUATE STUDENT** | $ | |
| 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 ANTICIPTATED REVENUE: (a + b + c + d) TOTAL *(e)*** | | **$** |
| **PROJECTED EXPENSES** (Append details for all.) | | | |
| Speaker(s) related costs (Honorarium, travel, per diem, accommodation)  FIELD WORK | |  | |
| Promotion and dissemination | |  | |
| Administration | |  | |
| Equipment Rental | |  | |
| Space Rental | |  | |
| Local Transportation | |  | |
| Refreshments / Catering | |  | |
| Other (please specify) | |  | |
| Other (please specify) | |  | |
| **TOTAL ANTICIPATED EXPENSES *(f)*** | |  | |
| **ANTICIPATED SURPLUS OR DEFICIT*: ( e - f = Surplus or Deficit )*** | | **$** | |
| **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)* | | | |