

Proposal to Host 2020 or 2021 Conference

Institution Name:			
Local Host:			
Main Contact Name:			
Contact Address:			
City:	State:	ZIP:	
Phone:	Email:		
Work Cell			
Two-Day Proposed Time Frame:		ınd	
Mont	h Day One	Day Two	Year
Location of the facility where you propose to ha	ave the conference sessi	ons:	
Is there sufficient parking located in close prox	ximity? Yes No		
If no, please explain:			
Is there a charge for AV and other basic equip)	
Location and activity that you propose for the	Special Event:		
Is there a cost to use these facilities? Yes	No		
If yes, please explain:			

AMENITITES:
Name of the hotel and address that you propose to use for lodging:
Is the hotel in close proximity to the proposed meeting facility? Yes No
How many miles away from the meeting facility is the hotel and what accommodations would be made for traveling to the meetings, hotel and special event?
Suggested Food for Breakfast, Snacks, Luncheon: (please give detail of the type of food and drink and proposed location for luncheon and catering)
Additional Commonts and/on Evalenstians
Additional Comments and/or Explanations:
ESTIMATED COST (based on 60 - 80 attendees):
Lodging/Parking Cost:
Costo for Mosting Respect
Costs for Meeting Rooms:
AV and/or Equipment Charges:
Food Costs for Attendees:
Printing, Postage, Miscellaneous Costs:
TOTAL ESTIMATED COST:
NOTE: Please attach any sample menus, estimates of cost, facility flyers, etc.
Conference Theme Suggestions:
Comercine Juggestions.