Student Organization Conference Funding Request

(DUE 2-4 weeks prior to conference – TURN IN TO FINANCE CHAIR OFFICE CA 101B)

Student Organization:_________  Org #:_  Date _______________

Conference Name:_______________________________________________________

Dates:____________________      Location:_____________________________

Description of Conference:

Cost of Conference _____/student x ____ students = ____________

Estimated cost of lodging (for group): ____________

Estimated cost of transportation (for group): ____________

Transportation type: ____ driving   ____ flying

Estimated food costs (for group): _____________

Total group cost for conference:___________

How will attending this conference benefit the Calvin community as a whole?

Will you be receiving additional funding for this conference?___________

If so, how much from where?___________________________________________

_____________________________________________________________________

Submitted by:_______________________________________       Date:___________