

CONFERENCE DEVELOPMENT GRANT PROGRAM
Application Form for Spring 2010 Events

APPLICANT Name _____
Institution _____
Department _____
Address _____

Off. telephone _____ / _____ Dept. telephone _____ / _____

Email address _____

Prior Conference Development Grant Recipient: _____ Yes _____ No If yes, what years? _____

Date of event: _____ Location: _____

Primary Audience (discipline(s)/approx. no.): _____

_____ Campus Program _____ Regional Program

PROGRAM TITLE:

GOAL OF THE PROGRAM:
(emphasize the benefit to faculty)

GUEST
FACULTY/SPEAKER
(if any)

Name _____

Institution _____

Department _____

AMOUNTS REQUESTED	From OPID	From Other Sources
Travel expenses	_____	_____
Materials: Duplicating	_____	_____
Postage	_____	_____
Telephone	_____	_____
Refreshments	_____	_____
Honorarium	_____	_____
Other expenses (specify)	_____	_____
TOTALS	_____	_____

IF YOU'VE INCLUDED ANY UNUSUAL BUDGET ITEMS OR WISH TO EXPLAIN ANY ASPECT OF YOUR BUDGET, PLEASE USE THIS SPACE:

OPID Administrative Representative's signature: _____