

Proposal For Seminars/Clinics

This form shall be completed by any Club member to recommend that a Seminar/Clinic be held by MADTA.
This information is needed by the Board of Directors in order to make an informed decision.

- Club member responsible for organizing & managing the seminar/clinic _____

Seminar/Clinic:

- Title of the Seminar/Clinic: _____
- Presenter/Clinician Name(s): _____
- Date(s) of the Seminar/Clinic: _____
- Known date conflicts which may impact on attendance- please explain: _____
- Seminar/Clinic Content: Learning Objectives: _____
- Target Audience: _____
- Does presenter carry own insurance _____ yes _____ no
- Is a contract required _____ yes _____ no (Contracts *must* be signed by a MADTA officer)
- Has any flier/brochure been approved by the MADTA Board _____ yes _____ no
Date the flier/brochure to be released _____
- Attendance Fees: Working spot _____ Audit Spot _____
- Number of Attendees needed to "breakeven" _____
- Estimated number of attendees _____ Limited to _____ Attendees

Expenses:

- Presenter/clinician fee \$ _____
- Estimated Presenter/clinician expenses
 - Travel \$ _____
 - Hotel \$ _____
 - Meals \$ _____
 - Other (itemized) _____ \$ _____
 - Total Presenter/ Clinician expenses \$ _____
- Site fee (including tax) \$ _____
- Other expenses (please itemize) Consider the following
 - Provision of food/beverage
 - Printing
 - Advertising
 - Equipment
 - Miscellaneous
 - Total Other Expenses \$ _____

Estimated Profit/Loss \$ _____

Revision 3-Form approved by Madta BOD on _____