



PROPOSAL FOR SEMINAR/CLINICS

This form shall be completed by any Club member to recommend that a seminar/clinic be held at MADTA.
This information is needed by the board of directors to make an informed decision.

Club member responsible for organizing and managing the seminar/clinic. _____

Seminar/Clinic:

Title of the Seminar/Clinic _____

Presenter Clinician Name/s _____

Date/s of the event _____

Known date conflicts which may impact on attendance- explain _____

Target Audience _____

Presenter must carry his/her own insurance _____

Is a contract required _____

Has any flier/brochure been approved by the MADTA Board ____yes ____no

Attendance Fees: Working spot _____ Audit spot _____

Number of attendees needed to break even. _____

Estimated number of attendees _____ Limited to _____ attendees.

Please attach flyer and presenter bio and describe how event will be publicized.

Other information

EXPENSES

Presenter/Clinician Fee

Estimated expenses

Travel

Hotel

Meals

Other (itemized)

Total Presenter/Clinician Expenses

Site Fee (if any) include tax

OTHER EXPENSES

Food/Beverage

Printing

Advertising

Equipment

Other (itemize)

Total Other Expenses

ESTIMATED PROFIT/LOSS

Revision 4 form approved by MADTA Board On 5/11/2021

