



ICASE TOPICAL CONFERENCE REQUEST

Roundtable Making Request: _____

Date of Request: _____ *Contact Person:* _____

TOPICAL TITLE: _____

Purpose and Objective: _____

DATE(S) & TIME(S): _____

SPEAKER(S): _____

LOCATION: _____

ANTICIPATED COST BREAKDOWN

Facility Cost: \$ _____ Speaker(s) Honorarium: \$ _____

Meals: \$ _____ Travel: \$ _____

Audio Visual: \$ _____ Other: \$ _____

Material/Supplies: \$ _____

PARTICIPANTS

Recommended Audience: _____

Maximum Number: _____ Minimum Number Needed to Break Even: _____

REGISTRATION FEE: \$ _____ **REGISTRATION DEADLINE:** _____

Date Approved by ICASE Executive Committee: _____