

CONFERENCE APPROVAL REQUEST FORM AND ATTENDANCE REQUEST FORM

Following is the format that includes the information needed in an organization's conference approval package:

DATE OF REQUEST: (self-explanatory)

REQUESTED BY: (name/title of requesting official)

SPONSORING ORGANIZATION: (title of DOE or DOE contractor organization sponsoring the conference)

COSPONSORING ORGANIZATION: (title of DOE or DOE contractor organization or non-DOE entity cosponsoring the conference, if applicable)

CONFERENCE TITLE: (formal title of conference)

CONFERENCE DATE: [proposed date(s) of the conference]

PURPOSE AND OBJECTIVE(S): (Describe the purpose of the conference, justify, and certify that sponsorship of this conference is important to the program mission.)

CONFERENCE LOCATION: (proposed city and state where the conference is to be held, or foreign location, if applicable)

RATIONALE FOR SELECTION OF CONFERENCE LOCATION: (Provide a rationale and justification for site selection; a cost comparison of alternative sites considered (if location is not at a principal facility site of the sponsoring organization); and certification that the site selected is the most cost-effective considering costs such as travel, per diem, and conference logistics.)

ESTIMATED COST BREAKDOWN: (Provide applicable information.)

TRAVEL AND PER DIEM COSTS

DOE Employees (HQ):	\$ XX,XXX
DOE Employees (Field):	XX,XXX
Contractor Employees (HQ):	XX,XXX
Contractor Employees (Field):	XX,XXX

TOTAL DOE TRAVEL COSTS: \$ XXX,XXX

OTHER EXPENSES

Logistics (facility arrangements):	\$ XX,XXX
Supplies and Support Equipment (specify costs; e.g., materials, printing, etc.):	XX,XXX
Other Costs: (specify, e.g., direct labor support and overhead):	XX,XXX
Total Other Expenses:	XX,XXX
TOTAL ESTIMATED DOE COSTS:	\$ XXX,XXX

ESTIMATED COSPONSOR COSTS

(specify source, if applicable): \$ XXX,XXX

ESTIMATED TOTAL NUMBER OF CONFERENCE ATTENDEES:

	Traveling	Non-traveling
DOE HQ Employees (Detail number from each office):	XX	XX
FE	X	
ME	X	
etc.		
DOE Field Employees:	XX	XX
AL		
etc.		
Contractor Employees (HQ):	XX	XX
CACI		
Contractor Employees (Field):	XX	XX
LBNL		
FETC		
etc.		
Others	XX	XX
TOTAL:	XXX	XXX

SUPPORT CONTRACTOR PERFORMANCE: (If applicable, specify the support contractor who will provide support for the conference.)

IMPACT STATEMENT: (Provide an impact statement of effect if the conference is not approved.)

POINT OF CONTACT FOR THE SPONSORING ORGANIZATION: (Provide name and telephone number.)