

FERMILAB CONFERENCE APPROVAL REQUEST FORM

DATE OF REQUEST:

REQUESTED BY:

SPONSORING ORGANIZATION:

COSPONSORING ORGANIZATION:

CONFERENCE TITLE:

CONFERENCE DATE:

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:

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 this information if applicable.)

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

XX,XXX (specify costs; e.g., materials, printing, etc.):

Other Costs XX,XXX (specify, e.g., direct labor support and overhead):

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: (Provide this information if applicable.)

Traveling Non-traveling

DOE HQ Employees (Detail number from each office): XX XX

FE X

MA 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.)