

REQUEST FOR PRIOR APPROVAL TO PRESENT

PRESENTER INFORMATION

NAME:		BANNER ID:	
DEPARTMENT:		GRANT NAME (IF APPLICABLE):	
EMPLOYEE TITLE:		EMPLOYEE CLASSIFICATION:	
DAYTIME PHONE:		CELL PHONE:	
E-MAIL ADDRESS:		CAMPUS LOCATION:	

CO-PRESENTER INFORMATION (IF APPLICABLE)

NAME:		TITLE:	
NAME OF COMMUNITY COLLEGE/ORGANIZATION:			
NAME:		TITLE:	
NAME OF COMMUNITY COLLEGE/ORGANIZATION:			

EVENT INFORMATION

NAME OF NATIONAL/STATE/LOCAL ORGANIZATION SPONSORING EVENT:			
TYPE OF EVENT (CONVENTION, CONFERENCE, WORKSHOP, ETC.):			
INTENDED AUDIENCE (COMMUNITY COLLEGE LEADERS, FACULTY, OTHERS):			
LOCATION OF EVENT:		DATES OF EVENT:	
PROPOSAL DUE DATE:			

BRIEF DESCRIPTION OF PLANNED PROPOSAL (INCLUDE SUBJECT MATTER, OBJECTIVES, METHOD OF PRESENTATION, AND ANY OTHER SPECIFIC PLANS)

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ESTIMATED COST

DEPARTURE DATE:		TIME:		RETURN DATE:		TIME:	
TRANSPORTATION:		to					
TAXI/SHUTTLE:		to					
MILEAGE:		to					
LODGING:		at					
CONFERENCE FEE:		to					
MEALS/PER DIEM:		for					
MISCELLANEOUS:		for					
TOTAL:	\$						

APPROVALS

	PLEASE PRINT/TYPE NAME	SIGNATURE: ELECTRONIC FORM. <i>By typing your name in the form fields, you acknowledge this text serves as your signature.</i>	
REQUESTER:			DATE:
SUPERVISOR:			DATE:
CAMPUS PRESIDENT (IF APPLICABLE):			DATE:
CHANCELLOR OR DESIGNEE:			DATE:

NOTE: Use Adobe Acrobat Reader to complete this form electronically. Download Adobe Acrobat Reader get.adobe.com/reader/
1.) Complete form 2.) Save completed form 3.) Attach completed form to email and send to: uamir1@wcccd.edu