|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee** |  | **Date Submitted** |  | |
| **Requested Conference** |  | **Membership Required** | Yes | No |
| **Conference Dates** |  | **Conference Location** |  | |

|  |  |  |
| --- | --- | --- |
| **Conference Costs** | **Details** | **Total Cost Per Item** |
| Registration |  |  |
| Lodging | Number of Nights: |  |
| Air/Road Travel |  |  |
| Per diem  (exclude meals included with conference registration) | Number of Days: |  |
|  | **Total:** |  |

Value Proposition for Conference Attendance

Describe how attending this conference will:

* Advance your skills and job specific knowledge;
* Benefit you professionally in the short- and long-term;
* Benefit OCG’s strategic priorities and initiatives; and
* Benefit the professional organization and/or serve the field of research administration.

Include:

* Information that demonstrates how your conference attendance will be shared with OCG to benefit a larger group;
* If you desire to present at this conference describe the topic(s) interested in presenting and timelines for submitting presenter proposals; and/or
* Any additional information that supports your application, including volunteering for conference activities and current CRA with need for contact hours.

Conference Attendance History

|  |  |  |
| --- | --- | --- |
| **Conference(s)** | **Dates** | **Locations** |
|  |  |  |
|  |  |  |

Review and Signatures

All applications are submitted to your supervisor for first review. If endorsed by your supervisor, the application will be reviewed by the Director and Deputy Director for final consideration. In addition to your application, other items may be considered including: past performance, OCG budget limitations and staffing implications.

**Supervisor’s Comments and Endorsement**

* Recommended due to:
* Not recommended due to:

Supervisor Signature Date

**Final Approval**

* Approved
* Not recommended due to:

Director or Deputy Director Signature Date