

Names of Attendees

Please identify the people (including yourself) who will attend this workshop, if offered.

| Name | Local | Department/Program/Operating Unit |
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Budget

What other resources are being accessed?
(Contributions from Operating Unit/School/pooled PD funds, etc.)

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| Speaker Honorarium: | |
| Travel Expenses: | |
| Accommodation: | |
| Cost of Workshop Materials*: | |
| Other Costs: (please describe) | |
| Total: | |
| Less Contributions: | |
| Total Request for Funding: | |

**If cost is less than \$30 do not include in your request; if greater than \$30 include the cost as shown.*

Associate Dean's signature: _____

**Please send this form as an e-mail attachment for distribution to the Instructional Development Committee. Send a signed copy through internal mail.*