

## Request for Conference

The Request for Conference form is required for any meeting or conference activity that requires the procurement of temporary conference/meeting space, or requires the assistance of the SAIC Conference Coordinator (CC). Program area representatives are not authorized to make financial/contractual commitments for temporary conference/meeting space. This form must be completed by the Program Area and submitted to the servicing Administrative Officer (AO) prior to any other conference planning activity. Upon receipt of this form, the AO will schedule a meeting between the AO, program area representatives and the SAIC CC (and co-sponsor representatives if necessary). The purpose of the meeting includes, but is not limited to, discussing the conference in greater detail, reviewing regulations and policy that may apply to the conference, clarifying roles of the parties involved, and providing the CC with details needed to assist as requested.

### Requestor Information:

Prepared By

Date

Program Area Contact

Phone Number

Fax Number

Program Area

Conference Budget

Responsible ARC Representative and Phone Number

Center Number(s) to be Charged

### General Conference/Meeting Information:

Conference Title:

Conference Purpose (state specific research topic and/or goal):

Describe your target audience:

Estimated number of government attendees:

Estimated number of non-government attendees:

Please provide an explanation of how this event, and your program, is affiliated with NCI-Frederick

Can the conference or meeting be conducted at an NIH or other government facility within the local area? If not, provide a detailed explanation.

If a local government facility cannot meet the need, can another local (50 mile radius) facility meet the need? If not, provide a detailed explanation.

If a local facility cannot meet the need, justify and explain why it is advantageous to the government to hold the meeting outside the local area.

State the proposed start and end date of the conference. Indicate if the dates are not yet determined and/or explain any flexibility in the dates.

Do you have a location(s) for the conference in mind? Indicate if location has not yet been considered and/or any flexibility in location selection.

Will the conference be co-sponsored? If so, indicate all co-sponsoring organizations.

What will be the source(s) of the funds used to pay conference expenses? (appropriated funds, gift funds, outside sources, etc.)

Are the services of the SAIC Conference Planner requested?  Yes  No

If yes, check the services needed.

- |  |  |
|--|--|
| <input type="checkbox"/> Site/meeting facility selection         | <input type="checkbox"/> Hotel/meeting facility contract negotiation |
| <input type="checkbox"/> Invited guest arrangements              | <input type="checkbox"/> Meeting registration                        |
| <input type="checkbox"/> Publications (abstracts, agendas, etc.) | <input type="checkbox"/> Meeting logistics                           |
| <input type="checkbox"/> Reimbursement & payment of bills        | <input type="checkbox"/> On-site support for the conference          |
| <input type="checkbox"/> AV or computer support                  | <input type="checkbox"/> Invoice processing                          |

What expenses are anticipated to be incurred in full or in part by the program area?

- |  |  |
|--|--|
| <input type="checkbox"/> Conference facilities   | <input type="checkbox"/> Travel for invited speakers |
| <input type="checkbox"/> Lodging                 | <input type="checkbox"/> Light refreshments          |
| <input type="checkbox"/> Meals                   | <input type="checkbox"/> Equipment rental            |
| <input type="checkbox"/> Printed material        |  |
| <input type="checkbox"/> Other (specify: _____ ) |  |

Special Instructions:

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**This section is to be completed at the time a contract is ready for approval.**

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It is understood that a risk factor exists for potential costs such as cancellation charges, liquidated damages, attrition charges, and/or incidental charges. In addition, the *Federal Travel Regulation* provisions and rates must be followed. The signatures below acknowledge acceptance that the Program Area bears all costs including any risk factor and responsibility to assure all Federal travel regulations are followed.

\_\_\_\_\_  
Signature of Program Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrative Officer

\_\_\_\_\_  
Date

Typed name

Typed name