|  |  |
| --- | --- |
| Detailed Budget for CME Activity (add lines/pages if needed) | |
| Conference: |  |
| Date: |  |
| Expected Number of Attendees: |  |

|  |  |  |
| --- | --- | --- |
| Revenue | | |
|  | Source | Amount |
| **Internal Funding** *(e.g. Pediatric R&E Fund)* |  |  |
| **Registration** **Fees** | Attendees |  |
| **Grants** |  |  |
| Grant 1 |  |  |
| Grant 2 |  |  |
| Grant 3 |  |  |
| **Displays** |  |  |
| Display 1 |  |  |
| Display 2 |  |  |
| Display 3 |  |  |

|  |  |  |
| --- | --- | --- |
| Expenses | | |
|  | Vendor/Supplier/Speaker | Amount |
| CME Fees |  |  |
| Application Fee | WMed |  |
| Conference Planning Services |  |  |
| Other |  |  |
| Event Space |  |  |
| Rental for space/rooms |  |  |
| Rental for A/V equipment |  |  |
| Parking |  |  |
| Other |  |  |
| Printing & Mailing |  |  |
| Postcard |  |  |
| Brochure |  |  |
| Postage |  |  |
| Mailing/Handling |  |  |
| Posters |  |  |
| Syllabus |  |  |
| Other |  |  |
| Food & Beverage |  |  |
| Breakfast |  |  |
| Lunch |  |  |
| Dinner |  |  |
| Refreshments |  |  |
| Other |  |  |
| Speakers |  |  |
| Speaker 1 Honorarium |  |  |
| Speaker 1 Expenses |  |  |
| Speaker 2 Honorarium |  |  |
| Speaker 2 Expenses |  |  |
| Speaker 3 Honorarium |  |  |
| Speaker 3 Expenses |  |  |
| Speaker 4 Honorarium |  |  |
| Speaker 4 Expenses |  |  |
| Speaker 5 Honorarium |  |  |
| Speaker 5 Expenses |  |  |
| Other |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Total Estimated Revenue |  |
| Total Estimated Expenses |  |