



SAMPLE BUDGET

JOINT PROVIDER: _____ DATE: _____

NAME OF ACTIVITY: _____

ACTIVITY DATE: _____

PROGRAM REVENUE

MEMBER REGISTRATION FEES:	\$ _____
NON-MEMBER REGISTRATION FEES:	\$ _____
EXHIBIT FEES/ADVERTISING #_____	\$ _____
RECEPTION or BANQUET TICKET SALES:	\$ _____
OTHER:	\$ _____
TOTAL REVENUE:	\$ _____

PROGRAM EXPENSES

PRINTING/PROMOTIONAL MATERIALS:	\$ _____
GENERAL CONFERENCE PRINTING/COPIES:	\$ _____
EVENT PROGRAM:	\$ _____
REGISTRATION BROCHURE:	\$ _____
EXHIBITOR PROSPECTUS:	\$ _____
TOTE BAGS:	\$ _____
MAILING EXPENSES:	\$ _____
FACILITY/EVENTS/ONSITE EXPENSES:	
SPEAKER FEES/HONORARIUMS:	\$ _____
LODGING & TRAVEL:	\$ _____
AUDIO/VISUAL:	\$ _____
EXHIBIT HALL RENTAL:	\$ _____
FOOD AND BEVERAGE:	\$ _____
OTHER:	\$ _____
CME ACCREDITATION FEES:	\$ _____
OTHER:	\$ _____
TOTAL:	\$ _____