

CAB Internal Program Proposal

Event Brief

Committee Name	
Event Name	
Proposed Date/s	
Proposed Time/s	
Proposed Location	
Estimated Total Event Cost	
Estimated CAB Cost	

Please Attached the Following

Please Provide All

- | | |
|---|--|
| <input type="checkbox"/> Total Event Budget | <input type="checkbox"/> Most Recent Past Itemized Event Budget (if available) |
| <input type="checkbox"/> Estimated Attendance | <input type="checkbox"/> Detailed Event Description |
| <input type="checkbox"/> Itemized Event Cost | <input type="checkbox"/> Staffing & Technical Requirements |

Leadership Team Comments (Leadership Team Use Only)

- ☐ Proposal Approved
- ☐ Proposal Denied
- ☐ Proposal Denied, Pending Revisions

COMMENTS:

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Signatures

All proposals must be approved by majority committee vote, signed by Committee Chair and General Committee Member.

Chair Name (printed)	
Signature & Date	
Committee Member	
Signature & Date	