

Education Event Request Form

Please submit a completed form with required attachments and signatures at least four (4) weeks in advance of any education event to spa@bvari.org.

Event Organizer:	Email:		
Principal Investigator or VA Service Chief (if different from Event Organizer):			
Email:	nticipated Outside Funding Sources:		
BVARI Account # (must be Education and not Research):			
Name of Event:			
Event Date(s):	Event Type:		
Event Location:	# of Anticipated Attendees: # of recurring events:		
Is this event being held for the first time? Yes If no, please provide a brief history:	No Total Anticipated # of Attendees:		

Program Description & Target Audience Details:

List objectives of the program with desired outcomes of the activity in terms of knowledge, skills, and aptitudes based on the identified educational needs:

Please complete the *Estimated Budget* on page 2 of this form.

Please attach the following documents if required:

--Agenda - Click to Attach(required)

--CV and/or Bio - Click to Attach (required for event speaker(s) who are not VA Boston Healthcare System employees)

--BVARI Conflict of Interest Disclosure(s) - Click to Attach (required for all event speakers, including VABHS employees, regardless whether there is any relationship with a commercial company or sponsor)

Principal Investigator or VA Service Chief (Signature only required if utilizing BVARI Account #)

BVARI Account Balance:

INTERNAL USE ONLY Estimated Balance Based on Budget (page 2):

Estimated IDC (*if applicable*):

Patricia McNulty CEO, BVARI Dr. David Topor Associate Chief of Staff for Education, VABHS

Education Event Estimated Budget

If the actual budget is greater than the estimate provided below, a revised form will be needed.

Category	Cost	
	Estimated Budget	Per Person Estimate
Advertising		
Conference Supplies		
Educational Materials		
Equipment Rental		
Facility Rental		
Printing		
Meals: Breakfast		
Breaks		
Lunch		
Dinner		
Gratuity/Service Charge		
Wait staff		
Speaker(s): Honorarium		
Meals		
Hotel		
Transportation		
Other		
Cancellation Insurance		
Other (specify)		
TOTAL		

Note that some accounts may be subject to indirect costs. BVARI will notify you in advance if this impacts your balance.

Please provide any additional information regarding budget below: