

## **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 <a href="mailto:spa@bvari.org">spa@bvari.org</a>.

Event Organizer:	Email:	
Principal Investigator or VA Service Chief (if different fro	om Event Organizer): Anticipated Outside Funding Sources:	
BVARI Account # (must be Education and not Research)	) <del>:</del>	
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 o on the identified educational needs:	of the activity in terms of knowledge, skills, and aptitudes based	
Please complete the <i>Estimated Budget</i> on page 2 of thi	s form.	
BVARI Conflict of Interest Disclosure(s) - Click to	nt speaker(s) who are not VA Boston Healthcare System employees Attach (required for all event speakers, including VABHS ationship with a commercial company or sponsor)	
Principal Investigator or VA Service Chief (Signature only re	equired if utilizing BVARI Account #)	
INTE BVARI Account Balance:	RNAL USE ONLY	

Patricia McNulty Acting CEO, BVARI Dr. Andrew E. Budson Associate Chief of Staff for Education, VABHS



## **Education Event Estimated Budget**

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)		
Subtotal		
BVARI Indirect Cost (15%)		
TOTAL		
Balance Remaining		

Please provide any additional information regarding budget below: