

SEMINAR PROPOSAL

YOUR NAME:	
PROPOSED DATES AND TIMES:	
AREAS OF THE CLUB REQUESTED:	
NAME OF THE PRESENTER:	
PRESENTER'S WEBSITE:	
DESCRIBE THE PROPOSED SEMINAR:	
HOW DOES THIS SEMINAR BENEFIT CABTC?	
REQUIRED DOWN PAYMENT & DATE:	
REFUND POLICY	
ANY ADDITIONAL REQUIREMENTS BY PRESENTER	
COST OF SEMINAR	
SPEAKER'S FEE	
TRAVEL	
FOOD	
LODGING	
MISC (DESCRIBE)	
WILL ANY CABTC CLASSES BE CANCELLED FOR THIS?	
ADDITIONAL EXPENSES	
REFRESHMENTS	
LUNCH	
MISC (DESCRIBE)	
PRICES FOR ATTENDEES AND ESTIMATED # AT EACH LEVEL	
KEY-BEARING Working	
Audit	
MEMBER Working	
Audit	
NON MEMBER Working	
Audit	