

**Event Application Form**

***Please not that this application is for ONE event. If you are applying for more than one event, please email*** [***kmcgarry@nmses.ca***](mailto:kmcgarry@nmses.ca) ***to receive a Project Application form.***

|  |  |
| --- | --- |
| Applicant Information | |
| **Date:** |  |
| **Division/Department Name:** |  |
| **Lead Physician:** |  |
| **Email:** |  |
| **Phone:** |  |

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| Event Information | |
| **Event Name:** |  |
| **Event Date:** |  |
| **Is this open to all Medical Staff? If not, please explain:** |  |
| **Brief Description:** |  |
| **Purpose of Event:** |  |
| **Partnerships:**  *Please list all partners involved in planning, delivery, and funding, etc.* |  |

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| Budget |
| **Organizer Cost:** The Physician Lead may receive a maximum of 4 sessional hours for the planning and execution of this event at an hourly rate of $160.23/hr  **Attendees will not be paid sessional time.**  *Please note that all sessional and reimbursement claims* ***must be submitted within 3 months*** *from date of occurrence.* |

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| **Type** | **Amount** |
| **Physician Lead:**    Total Hours: \_\_\_\_\_\_\_\_\_\_\_ @ $160.23/hr | $ |
| NMSES Admin Costs: \_\_\_\_\_\_\_\_\_ hours @ $30/hr | $ |
| Event Space Costs: | $ |
| Catering Costs: | $ |
| Other Costs: | $ |
| **Total Requested for this Activity:** | $ |

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| --- | --- |
| Sign and Date | |
| Signature: | Date: |

|  |  |  |
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| **Date Reviewed** | **Result** | **Signature** |
|  |  |  |