

Event Application Form

Please note that this application is for *ONE* event. If you are applying for more than one event, please email kmcgarry@nmSES.ca to receive a Project Application form.

Applicant Information

Date:	
Division/Department Name:	
Lead Physician:	
Email:	
Phone:	

Event Information

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

Budget

Organizer Cost: The Physician Lead may receive a maximum of 4.5 sessional hours for the planning and execution of this event at an hourly rate of \$171.05/hr.

Facilitators/Presenter Cost: The Facilitator and/or Presenter may receive a maximum of 4.5 sessional hours for the planning and execution of this event at an hourly rate of \$171.05/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.

Type	Amount
Physician Lead: Total Hours: _____ @ \$171.05/hr.	\$
NMSES Admin Costs: _____ hours @ \$30/hr.	\$
Event Facilitators: # of Facilitators: _____ Total Hours: _____ @ \$171.05/hr.	\$
Event Space Costs:	\$
Catering Costs:	\$
Other Costs:	\$
Total Requested for this Activity:	\$

Sign and Date

Signature:

Date:

Date Reviewed	Result	Signature