

**University of Colorado Hospital
Educational Program Budget Planning Document**

Title of Program:	
Proposed Date of Program:	
Coordinator:	
Phone/Pager:	

Anticipated Total Number of (Community/Non-UCH) Participants:	
Anticipated Number of Discounted (UCH Employee) Participants:	
Proposed Registration Fee: *	
Proposed Discounted (UCH Employee) Registration Fee:	
Co-Provider Agency (If Any):	

*Fee is based upon expenses. **UCH participants**, use \$10/contact hr. **Non-UCH participants**, use \$15/contact hour

Do You Anticipate Needing Assistance With This Program?

CE Consulting/Approval Process	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Conference Facilities Arrangement (Reserving rooms, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Brochure Design	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Speaker Arrangements	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Registration	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Printing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Catering	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Exhibitor Support/Underwriting (Must be acknowledged on written materials)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (Specify):		

Anticipated Budget

Sources of Revenue:

Revenue fr. (Non-UCH) Participants (Anticipated # x registration fee)=	
Revenue fr. Discounted (UCH Employee) Participants (Anticipated # x registration fee)=	
Contributions	
Other	
TOTAL	

Expenses:

Marketing & Publicity (See checklist: Appendix H)	
Materials/Supplies (ie. printing, binders, etc.)	
Speaker Honoraria	
Travel Expenses	
Breakfast (Anticipated # x \$ per meal)	
Lunch (Anticipated # x \$ per meal)	
Snack (Anticipated # x \$ per snack)	
Facility	
Other	
TOTAL	
Anticipated Profit (Loss)	