



Training Program/Activity Worksheet

PROGRAM INFORMATION

Program/Activity Title:						
Day(s)/Date(s):						
Time/Duration:						
Program ID # (from database):			Is this a repeating program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location/Room:			Program Type: (check all that apply)			
Address/Directions:			<input type="checkbox"/> Scheduled Training <input type="checkbox"/> Special Request Program			
			<input type="checkbox"/> In-Service <input type="checkbox"/> Conference			
			<input type="checkbox"/> Repeating Program <input type="checkbox"/> Meeting/Event			
			<input type="checkbox"/> Faculty Development <input type="checkbox"/> Satellite Broadcast			
Course Director(s):						
Key SFAETC Faculty:						
Additional Key People:	Name/Program		Involvement	E-Mail	Phone #	FAX #
Co-Sponsor:						
Co-Sponsor Address:						

SPACE RESERVATIONS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Total # people:	Site Contact::	Phone #:
Confirmed Date:	Site Fee(s): \$	<input type="checkbox"/> Classroom <input type="checkbox"/> Conference <input type="checkbox"/> Speaker's Table <input type="checkbox"/> Catering Table(s) <input type="checkbox"/> Podium <input type="checkbox"/> Theatre Seating <input type="checkbox"/> U-Shape <input type="checkbox"/> Registration Table <input type="checkbox"/> Chairs only	

CONTINUING EDUCATION

Discipline	Provider Name	Contact Person	Phone #	App Fee	Cert Fee	App Date Filed:

CE Applications CE Request Forms/Check Sheets Budget Statements Commercial Support Statements
 Disclosure Statements Course Outline & Objectives Needs Assessment Data

REGISTRATION

Registration Begins / Closes:	/	Registration Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Registration Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Min / Max # of Participants:	/	Fee Amount: \$	Total Guarantee (# people):
<input type="checkbox"/> Confirmation Letter	<input type="checkbox"/> Reminder calls/Postcards	<input type="checkbox"/> Maps/Directions	<input type="checkbox"/> On-site registration
<input type="checkbox"/> Name badges	<input type="checkbox"/> Attendance Roster	<input type="checkbox"/> CE Sign-in Sheet	<input type="checkbox"/> Syllabus/Learner materials

PROMOTION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Target Audience:			
<input type="checkbox"/> Announcement Date to printer: Date Mailed:	# Mailed:		<input type="checkbox"/> Mailing Labels Source/Contact/Cost:	<input type="checkbox"/> Registration Flyer <input type="checkbox"/> Poster Flyers <input type="checkbox"/> Posted on web <input type="checkbox"/> CE Requirements <input type="checkbox"/> Targeted Promotion <input type="checkbox"/> Co-Sponsor Distribution
	Postage Cost: \$			
	Printing Cost: \$			
<input type="checkbox"/> Brochure/Flyer Date to printer: Date Mailed:	# Mailed:		<input type="checkbox"/> Mailing Lists Source/Contact/Cost:	
	Postage Cost: \$			
	Printing Cost: \$			
<input type="checkbox"/> FAX Broadcast:	FAX Broadcast Contact:			

A/V EQUIPMENT REQUISITION

Set up? <input type="checkbox"/> Yes <input type="checkbox"/> No		ITS Phone #: 476-4310 ITS FAX #: 514-3735				
<input type="checkbox"/> Ordered:	#	Item	#	Item	#	Item
		LCD Projector		TV/VCR		Table Mic
<input type="checkbox"/> Confirmed:		Slide Projector		Flip Chart		Floor Mic
		Overhead Projector		Extension Cord		Lavalier Mic
Total A/V Costs: \$		Screen		Cart		Wireless

MATERIALS

<input type="checkbox"/> Supplies Ordered (Date):		<input type="checkbox"/> Agenda/Objectives	<input type="checkbox"/> Handouts	Guidelines:	<input type="checkbox"/> JAFPB Tx Article
Total Supplies Cost: \$		<input type="checkbox"/> PIF/PAETC Eval	<input type="checkbox"/> Maps/Directions	<input type="checkbox"/> Adult ARV	<input type="checkbox"/> PEP
<input type="checkbox"/> Syllabus to Printer (Date):		<input type="checkbox"/> Course/CE Eval	<input type="checkbox"/> Restaurant Listings	<input type="checkbox"/> Pediatric ARV	<input type="checkbox"/> HCW Infection Control
Total Syllabus Printing Cost: \$		<input type="checkbox"/> Eval return envelope	<input type="checkbox"/> CE Information	<input type="checkbox"/> Perinatal	<input type="checkbox"/> Counseling/Testing/Referral
		<input type="checkbox"/> Pre/Post Test	<input type="checkbox"/> NCCC Brochure	<input type="checkbox"/> O/I Prevention	<input type="checkbox"/> Drug Intx Tables/Guides
				<input type="checkbox"/> Hep C	<input type="checkbox"/> OTHER:

CATERING

Set up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor Name/Contact:		Phone #:	FAX #:
<input type="checkbox"/> Ordered:	<input type="checkbox"/> Breakfast	Time:	Type/Menu:	Cost: \$
<input type="checkbox"/> Confirmed:	<input type="checkbox"/> AM Break	Time:	Type/Menu:	Cost: \$
Total Costs: \$	<input type="checkbox"/> Lunch	Time:	Type/Menu:	Cost: \$
Notes:	<input type="checkbox"/> PM Break	Time:	Type/Menu:	Cost: \$
	<input type="checkbox"/> Dinner/Reception	Time:	Type/Menu:	Cost: \$

EXPENSE RECAP

Item	Amount	Item	Amount	Other:	
Meeting Room Charges		Syllabus/Materials—Supplies		Other:	
Catering—F/B Charges		Syllabus/Materials—Printing		Total Other:	
Catering—Set-up/Delivery		Total Syllabus/Materials Costs		Total Facility:	
A/V Equipment Rental		CME Application Fee		Total Promotional:	
A/V Set-up/Delivery Fees		Other CE Application Fees		Total Syllabus:	
Total Facility Costs		Total CE Fees		Total CME/CE:	
Promotional Printing		Guest Faculty Travel		Total Faculty:	
Promotional Postage		Guest Faculty Honoraria		Total Other:	
Total Promotional Costs		Total Guest Faculty Expenses		TOTAL EXPENSES:	

GUEST FACULTY

Name & Contact Info	Confirmation	Speaker Packet	A/V Requirements
Topic:	<input type="checkbox"/> Confirmed _____ <input type="checkbox"/> Honorarium \$ _____ <input type="checkbox"/> Travel <input type="checkbox"/> Lodging <input type="checkbox"/> Thank You _____	<input type="checkbox"/> Packet Sent _____ <input type="checkbox"/> Objectives/Outline <input type="checkbox"/> C/V <input type="checkbox"/> Disclosure <input type="checkbox"/> Syllabus Materials <input type="checkbox"/> Consent to record: Y / N	<input type="checkbox"/> LCD Projector <i>Needs laptop?</i> Y / N <input type="checkbox"/> Overhead <input type="checkbox"/> Slide Proj <input type="checkbox"/> TV/VCR <input type="checkbox"/> Flip Chart <input type="checkbox"/> Microphone <input type="checkbox"/> Other:
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