SAN DIEGO PSYCHOLOGICAL ASSOCIATION

EVENT/ACTIVITY PROPOSAL

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MEMBER:

COMMITTEE:

CHAIR(S):

PRESENTER (IF NOT COMMITTEE):

BOARD COMMITTEE LIAISON:

DATE OF EVENT/ACTIVITY:

LOCATION OF EVENT/ACTIVITY:

PLANNED ATTENDEES:

DESCRIPTION OF EVENT/ACTIVITY:

HOW WILL EVENT/ACTIVITY FULFILL MISSION OF SDPA:

DESCRIPTION OF PROPOSED BUDGET (Including Income and Expenses):

HOW WILL THE EVENT BE PROMOTED?

(Website Calendar, E-Blasts, Flyers, Other)

DESCRIPTION OF ASSISTANCE NEEDED FROM SDPA OFFICE

(Staffing, Production of Promotion Material, Registration)(Will Committee Members Pay Expenses and Seek Reimbursement or Will SDPA Office Need to Pay Vendors/Venue?):

REPORT SUBMITTED BY:

CONTACT INFO:

DATE:

APPROVED BY:

DATE:

(Submit Form to SDPA Office 30 Days before Event/Activity)

Phone: (858) 277-1463

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