# CAB Internal Program Proposal

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| Event Brief |
|  |
| Committee Name |  |
| Event Name |  |
| Proposed Date/s  |  |
| Proposed Time/s |  |
| Proposed Location |  |
| Estimated Total Event Cost |  |
| Estimated CAB Cost  |  |

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| Please Attached the Following  |
| **Please Provide All** |
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| Total Event Budget  | Most Recent Past Itemized Event Budget (if available)  |
| Estimated Attendance  | Detailed Event Description |
| Itemized Event Cost | Staffing & Technical Requirements  |

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| Leadership Team Comments (Leadership Team Use Only) |
| Proposal Approved  |
| Proposal Denied Proposal Denied, Pending Revisions Comm |
| **COMMENTS:** |

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| Signatures |
| All proposals must be approved by majority committee vote, signed by Committee Chair and General Committee Member.  |
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| Chair Name (printed) |  |
| Signature & Date |  |
| Committee Member  |  |
| Signature & Date |  |