

# Workshop Planning and Approval Form

Sonoma County Office of Education

## Workshop Identification

Name of the workshop \_\_\_\_\_

Program hosting the workshop \_\_\_\_\_

Date(s) of the workshop \_\_\_\_\_

Location \_\_\_\_\_

Presenter \_\_\_\_\_

Contact person \_\_\_\_\_

## Budget Planning: Expenses

Name of budget for expenses \_\_\_\_\_

Presenter's fee \$ \_\_\_\_\_

Approximate graphic/printing costs \$ \_\_\_\_\_

Facility costs \$ \_\_\_\_\_

Other costs (specify) \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Estimated expense total \$ \_\_\_\_\_

## Budget Planning: Income

Name of budget for income \_\_\_\_\_

Estimated number of participants \_\_\_\_\_

Charge per participant \$ \_\_\_\_\_

Estimated income (number x charge) \$ \_\_\_\_\_

Minimum registration \_\_\_\_\_ Cancellation fee \$ \_\_\_\_\_

## Comments

## Flier/Letter (attach copy to this form)

Flier/Letter created by \_\_\_\_\_ Flier/Letter reviewed by \_\_\_\_\_

Does the flier/letter have the SCOE logo?  Yes  No

Explanation \_\_\_\_\_

## Approvals

Program Manager \_\_\_\_\_ Date \_\_\_\_\_

Department Approval \_\_\_\_\_ Date \_\_\_\_\_

Assistant Superintendent \_\_\_\_\_ Date \_\_\_\_\_