# 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** | |
|  | |
| 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:** | |

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