WLA Continuing Education Council

CE Seed Money Application

Answer the following questions as completely as possible. Save the form, naming it with the title of the program or project (hereafter referred to as "event").

Email the completed form to: info@wla.org

Contact the WLA office by email or phone with any questions:

info@wla.org 206-823-1138

Event Information
Date submitted:
Name and contact information for applicant:
Sponsor(s) of event:
Title of event:
Date(s) and time(s) of event:
Location(s):
Description of event:
Name and contact information for presenter(s):

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Background/qualifications of presenter(s):	
As a result of this event, participants will understand and/or be able to:	
CE needs were assessed using:	
Survey of Interest Group	
Survey of WLA membership Other (please describe)	
Offici (preuse describe)	
Target audience:	
Event will be evaluated using:	
CF Council Evaluation Form*	
Test Narrative comments	
Narrative comments	
Other (please describe)	
*May be found on page 23 of the Workshop on Workshops Manual, http://files.wla.org/training/workshop_manual.pdf	
Registration	
Registration cost	
WLA member: \$0	
Non-member: \$0	
Student: \$0	
Registration cost includes a non-refundable program fee. The amount of this nominal fee will be determined by the nature of the event itself. If registrant cancels on or before a predetermined date, a refund minus the program fee will be honored. Cancellations after this date receive no refund. All fees including program fee will be refunded if the event is cancelled by WLA at any time.	
Applicant will work with WLA to determine program fees and cancellation dates.	
Estimated number of participants:	
Minimum number of registrations peeded to seven total expenses	
Minimum number of registrations needed to cover total expenses:	
Budget	

Income: \$0

Estimate income based on minimum number of registrations at the member rate.

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Of the expenses below, indicate with an asterisk (*) items to be paid from WLA CE funds. Indicate source(s) of other funding where applicable.

Facilities: \$0

Include room and equipment fees.

Materials: \$0

Include costs for supplies such as flipcharts and markers, handouts, name badges, etc.

Food and beverages: \$0

Include costs for refreshments or lunches, if planned.

Advertising: \$0

Include estimated costs for printing and postage if advertising is mailed.

Event costs:

Honorarium	\$0		
Travel	\$0		
Lodging	\$0		
Lodging Meals	\$0		
Total	\$0		

Include fee or honorarium for presenter(s), all travel costs, hotel accommodations and meals, as applicable.

TOTAL EXPENSES: \$0

If total expenses exceed expected income (or exceeds total funds requested), please explain other funding sources.

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