

# FORM: 1

The California Association of Marriage & Family Therapists Los Angeles Chapter  
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## SPECIAL WORKSHOP: PROPOSAL & BUDGET

Please complete this form, and email it to the SIG & SPECIAL WORKSHOP CHAIR ([danielfactor@me.com](mailto:danielfactor@me.com)) for placement on the agenda of the next available Executive Board meeting.

**Today's Date:** click then use drop down arrow to select today's date  
**Member's Name:** your name  
**Member's Name:** second member's name, if applicable  
**Board Member:** board member providing assistance  
**Date of Event:** select date. **Time (Start/End):** enter start/end time  
**Name of Venue:** enter venue name  
**Address of Venue:** enter address  
**Venue Max. Occupancy:** enter # **Est. # of Attendees:** enter #

### EVENT INFORMATION

**Event Title:** enter title  
**Event Topic:** enter topic

**Name of Presenter:** enter name

**Presenter's Resume attached?** ☐ Yes ☐ No

**Will CEUs be offered?** ☐ Yes ☐ No **How many units:** enter #

(NOTE: For CEUs, please use **FORM: 2**)

### FINANCIAL INFORMATION

#### Projected Expenses

Cost of venue:	\$ amount	(Free? Hourly charge?)
Copying of handouts:	\$ amount	(Base estimate on max attendance)
Other supplies:	\$ amount	(Not all events have this)
Snacks/Beverages/Water	\$ amount	(Not all events have this)
LACAMFT IT support (eblasts, etc.)	\$ amount	(Board will help you estimate this)
Other Advertising/Promotion	\$ amount	(Board will help you estimate this)
Gift for presenter:	\$ amount	(Board will help you estimate this)
Other:	\$ amount	
Projected <b>Expenses TOTAL</b>		\$ total

#### Projected Income

Participant Fee:	\$ amount	Times Estimated # of attendees =	Enter #	\$ amount
Other income?	please specify			\$ amount
Sponsored Amount:	(NOTE: For Sponsorship please refer to <b>FORM: 4</b> )			\$ amount
Projected <b>NET Income</b> after deducting <b>Expenses TOTAL</b>				\$ total