

### CME Activity Budget Planner

Date: \_\_\_\_\_

**Activity Title:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

Income Category		Projected	Actual	Expense Category	Projected	Actual
<b>Registration fees</b>				<b>Marketing</b>		
Participants @ \$		\$ -		Save the Date Cards/Brochures	\$ -	
Participants @ \$				Syllabus, Design and Printing	\$ -	
Participants @ \$				Mailing Labels/ Postage	\$ -	
Participants @ \$				Other, specify	\$ -	
<b>Subtotal-Registration Fees</b>		<b>\$ -</b>	<b>\$ -</b>	<b>Subtotal-Marketing</b>	<b>\$ -</b>	<b>\$ -</b>
<b>List Funding Sources-Commercial Support</b>				<b>Meeting Space and Logistics</b>		
				Audio-visuals	\$ -	
		\$ -		Hotel, Meeting Room Rental	\$ -	
				Hotel, Lodging	\$ -	
				<b>Catering/Meals</b>		
				Supplies	\$ -	
Exhibit Income					\$ -	
Subtotal		\$ -	\$ -	<b>Subtotal-Meeting Space/Logistics</b>	<b>\$ -</b>	<b>\$ -</b>
<b>List Funding Sources-Department</b>				<b>Honoraria and Travel Expenses</b>		
				Lodging	\$ -	
				Honorarium		
		\$ -		Air/Gound Travel	\$ -	
				Other Fees		
				<b>Subtotal-Honoraria/Travel Exp.</b>	<b>\$ -</b>	<b>\$ -</b>
<b>List Funding Sources- Other, specify - Educational Contracts, i.e. Gov't</b>				<b>Other Fees</b>		
				CME Accreditation fee	\$ -	
				Certificate/transcripts fees	\$ -	
<b>Total Income</b>		<b>\$ -</b>	<b>\$ -</b>	<b>Total Expenses</b>	<b>\$ -</b>	<b>\$ -</b>
NET GAIN (LOSS)		\$ -	\$ -			\$ -

Activity Director Signature \_\_\_\_\_

This Form to be fill-out at the end of the activity if commercial support is received

Commercial Support Funds Reconciliation	Amount of payment	Reason for payment	Company providing funds
<b>TOTAL</b>	\$ -		

**Exhibitors**

<b>TOTAL</b>	\$0			