

NASW-FL FINANCIAL UNIT CE FORM

(Use in addition to the 'CE Request Form' expenses will be incurred for a workshop.)

Date & Time of Workshop: _____

Title of Workshop: _____

Name of Presenter: _____

I. Income

A. _____ expected attendees X _____ fee = _____

B. _____ meal charge X _____ number of attendees = _____

(General recommendation is that meal cost should be covered by workshop fee)

C. Other income (exhibits, donations, etc.): _____

D. Co-Sponsors: _____

Total Projected Income: \$_____

II. Expenses

A. Speaker Fee \$_____

B. Meal Cost \$_____

C. Audio/Visual Cost \$_____

D. Meeting Room Cost* \$_____

**Note: Meeting space contracts MUST be cleared and signed by the Chapter Office.*

E. Brochure Cost \$_____

F. Mailing Cost \$_____

G. Copy Cost (Handouts) \$_____

H. Other Cost \$_____

Total Projected Expenses: \$_____

**This form must be received at *least* eight weeks before any
CE unit event can be approved.**