

## HHS Conference Attendance Request and Approval

Operating/Staff Division Information					
Operating or Staff Division					
Office					
Conference Description					
Title/Topic					
Name of Agency/Organization Hosting the Conference					
Purpose for Attending the Conference					
Dates to be Held		From		To	
City					
State or Country					
Cost Information					
Total Estimated Cost	\$	# of Attendees Requested		Cost Per Attendee:	\$
Reason why so many attendees must attend					
If an annual conference, number of attendees from the past conference and reason for any change					
Details on Cost					
Registration Fees	\$	Travel Costs:	\$	Other	\$
Explanation of Other Costs					
Requestor Information					
Name					

Title	
Office	
Signature	
<b>OPDIV/STAFFDIV Approval</b>	
OPDIV/STAFFDIV Head Signature	
Date	
<b>Deputy Secretary Approval</b>	
Concur <input type="checkbox"/>	Non-Concur <input type="checkbox"/>
Signature	
Date	