

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					

Discuss how the total estimated cost is the most cost-effective option to achieving a compelling purpose.	
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Requestor Information

Name	
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Title	
Office	
Signature	

OPDIV/STAFFDIV Designated Official/Representative Approval

Name	
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Signature	
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Date	
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Designated Department Official within the Office of the Secretary Approval

Concur	<input type="checkbox"/>	Non-Concur	<input type="checkbox"/>
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Signature	
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Date	
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