

Pocket Seminar Request

For NACCAS Use Only:	Fee Paid: _____
Staff Assigned to Present: _____	Final Date(s) of Seminar: _____

NACCAS Reference # _____ Name of Institution: _____

If seminar is NOT requested by a NACCAS-accredited school or candidate for accreditation, please provide name of institution or other organization requesting the seminar:

Seminar subject:

- ____ Accreditation Workshop (9am to 5pm Day One and 9am to 12pm Day Two)
- ____ Best Practices for Student Outcomes (9am to 5pm – one day only)
- ____ Satisfactory Academic Progress (10am to 5pm – one day only)
- ____ Other: _____

Location where seminar will be held:

Street Address: _____

City _____ State _____

Zip _____

Contact Name: _____ Phone: _____ E-mail: _____

Requested Date(s) for seminar: Primary _____ Alternate _____

Estimated number of attendees: _____

Please provide billing address if it is NOT the same as above (otherwise indicate "SAME"):

Street Address: _____

City _____ State _____ Zip _____

With this request form you must include the following fees:

Item	Per Unit Fee	Quantity	Total Fees
First NACCAS Instructor	\$2,000	1	\$2,000
	+ Travel Expenses		
Each additional NACCAS instructor (At discretion of NACCAS, depending on number of attendees. Contact us for guidance prior to submitting this form.)	\$500		
	+ Travel Expenses		
Materials fee per attendee	\$150		
Advance payment for travel expenses	\$500	1	\$500
TOTAL FEES	NA	NA	

Note: Following the seminar the institution will be invoiced for actual instructor travel expenses, less the amount paid in advance. Upon receipt of this form, NACCAS will contact the institution in regards to scheduling of the seminar and other logistical details. *Request for seminars must be submitted at least 60 days in advance.*

Institution Contact Signature _____ Printed Name _____ Date _____