

**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, 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)
- \_\_\_\_ 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
<b>First NACCAS Instructor</b>	<b>\$2,000</b>	<b>1</b>	<b>\$2,000</b>
<b>Each additional NACCAS instructor</b> (At discretion of NACCAS, depending on number of attendees. Contact us for guidance prior to submitting this form.)	<b>\$500</b>		
<b>Materials fee per attendee</b>	<b>\$150</b>		
<b>Advance payment for travel expenses</b>	<b>\$500</b>	<b>1</b>	<b>\$500</b>
<b>TOTAL FEES</b>	<b>NA</b>	<b>NA</b>	

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