

## Request for Conference

Please type or print information clearly

This form is required for any meeting or conference activity that requires the procurement of temporary conference/meeting space, or requires the assistance of the FNL contractor conference planner. Program area representatives are not authorized to make financial/contractual commitments for temporary conference/meeting space. This form must be completed by the program area and submitted to the servicing administrative officer prior to any conference planning activity. Upon approval of this form, the conference planner will schedule a meeting with the program area representatives (and co-sponsor representatives, if necessary). The purpose of the meeting includes, but is not limited to, discussing the conference in greater detail, reviewing regulations and policies that may apply to the conference, clarifying the roles of the parties involved, and providing the conference planner with the details needed to assist as requested.

**Requester Information**

1. First Name	2. Last Name	3. Program Area	4. Program Area Contact
5. Telephone	6. Fax	7. Conference Budget	8. When were the funds obligated?

**Responsible ARC Representative**

9. First Name	10. Last Name	11. Telephone	12. Center number(s) to be charged
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**General Conference/Meeting Information**

13. Conference Title	
14. Conference purpose (state the specific research topic and/or goal)	
15. Describe your target audience	
16. Estimated number of government attendees	17. Estimated number of nongovernment attendees
18. Please explain how this event and your program are affiliated with the Frederick National Laboratory for Cancer Research.  <input type="checkbox"/> I understand that the conference & events planning department can only support conferences for programs that fall within the Federally Funded Research and Development Center (FFRDC), Operations and Technical Support (OTS) contractor's statement of work. Work done by the FNL contractor conference & events planning department cannot be used in lieu of work that is already governed by a requirements contract. Requestor's Initials:	
19. Can the conference or meeting be conducted at an NIH or other government facility within the local area? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, provide a detailed explanation.	
20. If a local government facility cannot meet the need, can another local facility (in a 50-mile radius) meet the need? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, provide a detailed explanation.	

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<p>21. If a local facility cannot meet the need, justify and explain why it is advantageous to the government to hold the meeting outside the local area.</p>												
<p>22. State the proposed start and end dates of the conference.      From: _____      To: _____ Indicate if the dates are not yet determined and/or explain any flexibility in the dates.</p>												
<p>23. Do you have a location(s) for the conference in mind?    <input type="checkbox"/> Yes    <input type="checkbox"/> No Indicate if the location has not yet been considered and/or explain any flexibility in location selection.</p>												
<p>24. Will the conference be co-sponsored?    <input type="checkbox"/> Yes    <input type="checkbox"/> No If so, indicate all co-sponsoring organizations?</p>												
<p>25. What will be the source(s) of the funding for conference expenses?  <input type="checkbox"/> Appropriated funds      <input type="checkbox"/> Gift funds      <input type="checkbox"/> Outside sources      <input type="checkbox"/> Other (specify): _____</p>												
<p>26. Are the services of the FNL contractor conference planner requested?    <input type="checkbox"/> Yes    <input type="checkbox"/> No If yes, check the services needed:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Site/meeting facility selection</td> <td style="width: 33%;"><input type="checkbox"/> Hotel/meeting facility contract negotiation</td> <td style="width: 33%;"><input type="checkbox"/> Invited guest arrangements</td> </tr> <tr> <td><input type="checkbox"/> Meeting registration</td> <td><input type="checkbox"/> Publications (abstracts, agendas, etc.)</td> <td><input type="checkbox"/> Meeting logistics</td> </tr> <tr> <td><input type="checkbox"/> Reimbursement</td> <td><input type="checkbox"/> On-site support for the conference</td> <td><input type="checkbox"/> AV or computer support</td> </tr> <tr> <td><input type="checkbox"/> Invoice/bill payment</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Site/meeting facility selection	<input type="checkbox"/> Hotel/meeting facility contract negotiation	<input type="checkbox"/> Invited guest arrangements	<input type="checkbox"/> Meeting registration	<input type="checkbox"/> Publications (abstracts, agendas, etc.)	<input type="checkbox"/> Meeting logistics	<input type="checkbox"/> Reimbursement	<input type="checkbox"/> On-site support for the conference	<input type="checkbox"/> AV or computer support	<input type="checkbox"/> Invoice/bill payment		
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<p>27. What expenses does the program anticipate to incur in full or in part?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Conference facilities</td> <td style="width: 25%;"><input type="checkbox"/> Travel for invited speakers</td> <td style="width: 25%;"><input type="checkbox"/> Lodging</td> <td style="width: 25%;"><input type="checkbox"/> Light refreshments</td> </tr> <tr> <td><input type="checkbox"/> Meals</td> <td><input type="checkbox"/> Equipment rental</td> <td><input type="checkbox"/> Printed material</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>	<input type="checkbox"/> Conference facilities	<input type="checkbox"/> Travel for invited speakers	<input type="checkbox"/> Lodging	<input type="checkbox"/> Light refreshments	<input type="checkbox"/> Meals	<input type="checkbox"/> Equipment rental	<input type="checkbox"/> Printed material	<input type="checkbox"/> Other (specify): _____				
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<p>28. Special Instructions (Describe)</p>   												

### ***National Institutes of Health Forms***

If the conference involves government personnel:

- For authorization to use temporary commercial conference space, NIH form 827-1, "Request for Acquisition of Temporary Commercial Conference Space," must be completed and forwarded for approval by NIH. (The government is responsible for completing this form. The FNL contractor personnel can provide assistance, if necessary.) This form is required when using **any offsite** locations other than NIH and Frederick National Laboratory for Cancer Research conference facilities.

If the conference involves contractor and nongovernment personnel only:

- Forms 2408-1 and 827-1 are not required.

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***This section to be completed at the time the Request for Conference is submitted for approval***

It is understood that a risk factor exists for potential costs, such as cancellation charges, liquidated damages, attrition charges, and/or incidental charges. In addition, the *Federal Travel Regulation* provisions and rates must be followed. The signatures below acknowledge acceptance that the program area bears all costs, including any risk factor and responsibility, and must follow all *Federal Travel Regulations*.

**Program Official**

29. First Name	30. Last Name	31. Date
32. Signature		

**Administrative Officer**

33. First Name	34. Last Name	35. Date
36. Signature		

## Request for Conference – Instructions

1. Requester's first name
2. Requester's last name
3. Requester's program area
4. Requester's program area contact
5. Requester's telephone number
6. Requester's fax number
7. Conference budget
8. Enter when the funds were obligated
9. ARC representative's first name
10. ARC representative's last name
11. ARC representative's telephone number
12. ARC representative's center number(s) to be charged
13. Title of the conference
14. Purpose of the conference (state the specific research topic and/or goal)
15. Describe the target audience
16. Estimate the number of government attendees
17. Estimate the number of nongovernment attendees
18. Explain how this event and your program are affiliated with the Frederick National Laboratory for Cancer Research. Check the box indicating that you have read the statement about support from the conference and events planning department and provide your initials at the end of the statement.
19. Check yes or no if the conference or meeting can be conducted at an NIH or other government facility within the local area.
20. Check yes or no if another local facility (in a 50-mile radius) can meet the need if a local government facility cannot.
21. Explain why it is advantageous to the government to hold the meeting outside the local area.
22. Enter the proposed start and end dates of the conference. Indicate if the dates are not yet determined and/or explain any flexibility in the location selection.
23. Check yes or no if you have a location(s) for the conference in mind. Indicate if a location has not yet been considered and/or explain any flexibility in the location selection.
24. Check yes or no if the conference will be co-sponsored. If yes, indicate all co-sponsoring organizations.
25. Check the source(s) of the funds used to pay for the conference. If the funding is "other," please specify.
26. Check yes or no if the services of the FNL contractor conference planner are requested. If yes, check the services needed.
27. Check the expenses that the program area expects to incur in full or in part.
28. Describe any special instructions required.

## **Request for Conference – Instructions**

29. Program official's first name
30. Program official's last name
31. Date that the program official approved the conference request
32. Signature of the program official approving the conference request
33. Administrative officer's first name
34. Administrative officer's last name
35. Date that the administrative officer approved the conference request
36. Signature of the administrative officer approving the conference request