

Prior Conference Authorization Form

Forms must be submitted 30 days before conference

Date Submitted: _____

Name: _____

Contact Number: _____

Email Address: _____

Name of Conference: _____

Dates of Conference: From _____ to _____

Are you planning to share a hotel room? Yes _____ No _____

If yes, who will you be sharing a room with: _____

How will you be traveling? Car _____ Bus _____ Train _____ Plane _____

If driving, will you be carpooling? Yes _____ No _____

If yes, with whom? _____

I understand that should I fail to cancel my registration for this conference I will be solely responsible for the fees charges to DSTA for this event.

Signature _____

Date _____

OFFICE USE ONLY

Approved: _____ Not Approved: _____

Signature: _____