



NORTHSIDE HOSPITAL

PRELIMINARY BUDGET FORM

Activity Title: _____

Activity Date: _____

Estimated Funding / Revenue

Registration Fees	\$
Exhibit Fees	\$
<i>Vendor company name:</i>	\$
<i>Vendor company name:</i>	\$
<i>Vendor company name:</i>	\$
<i>Vendor company name:</i>	\$
Educational Grant Funding	\$
<i>Commercial company name:</i>	\$
<i>Commercial company name:</i>	\$
<i>Commercial company name:</i>	\$
<i>Commercial company name:</i>	\$
CME Approval Fees	\$
Other:	\$
Other:	\$
Total Estimated Revenue	\$

Estimated Expenses

Budget Item	Estimated Expense	Description
Audio/Visual	\$	A/V equipment & staff
Meeting Room	\$	Room rental
Catering	\$	Food and beverage
Honoraria	\$	
Speaker Travel	\$	
Speaker Lodging	\$	
Speaker Ground Transportation	\$	
Marketing & Distribution	\$	
Consultant Fees	\$	
Planning Committee Expenses	\$	Hotel, Parking, Mileage
Other	\$	
Total Estimated Expenses	\$	