

NASSAU UNIVERSITY MEDICAL CENTER

(or sponsoring organization: _____)

OFFICE OF CONTINUING MEDICAL EDUCATION

BUDGET PROPOSAL - PRELIMINARY (Form IIa)

PROGRAM _____ **DATE** _____

LOCATION _____ **CONTACT** _____ **TELEPHONE** _____

SECTION A. ANTICIPATED REVENUE	
In this section, list each revenue source, indicate the amount expected under appropriate headings.	
GRANTORS (commercial, non-profit & private)	
NAME	AMOUNT
	\$
	\$
	\$
	\$
REGISTRATION FEES	\$
OTHER BUDGETED FUNDS FROM NUMC	\$
Department:	
OTHER RESOURCES	\$
	\$
	\$
	\$
TOTAL	\$

SECTION B. ANTICIPATED EXPENSES	
List each speaker separately.	
HONORARIA	
SPEAKERS	AMOUNT
	\$
	\$
	\$
	\$
TRAVEL & HOTEL	\$
PRINTING COSTS	\$
CME HANDLING FEE	\$
FOOD SERVICE	\$
OTHER EXPENSES	\$
	\$
TOTAL	\$