

CONFERENCES/LECTURES CO-SPONSORSHIP REQUEST

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ Zip: _____

Email Address: _____ Phone: _____

UCLA Department: _____ Phone Number: _____

Title of Conference or Lecture: _____

Location of Event: _____

Date(s) of Conference Event / Lecture: _____

Funds Requested: _____

Please provide a brief budget outline below:

Item/Category	Amount	Details
Total Requested:		

Provide a brief statement of purpose: *(attach additional page if needed)*

*Please submit completed form to Jeanette LaVere
via email at: jlavere@humnet.ucla.edu*

Department Use Only

Approved by:

Date Submitted:

Approved:

Approved Funding \$: