## Speech and Hearing BC Area Fund Application

## **Event Information**

application:					
Name of organizer:			Email:		
Phone:			Employer:		
Profession:					
Name of Event/Project:			Date of event:		
Description of	project or event	in greater detail:			
Type of Event:	(airele)	in-person	virtual	hybrid	
Type of Event.	(circie)	III-person	Viitaai	•	
		lit be recorded for d			
If this is a virtual o Only for those Only for area All SHBC me	r hybrid event, wil e who attend SHBC members	l it be recorded for d			
If this is a virtual o  Only for those Only for area All SHBC mei Non-member	r hybrid event, wil e who attend SHBC members mbers	l it be recorded for d			
If this is a virtual o  Only for those Only for area All SHBC mei Non-membei  What is the ta  Area specific Open to all SI	r hybrid event, will e who attend SHBC members mbers rs will have acces rget audience members only HBC members SHBC members	l it be recorded for d			

For what are	ea are you requesting fun	ds?	
North	ey /Okanagan Island/Gulf Island		
Estimated n	umber of participants?		
Total:		Of the total, how many a non-members:	re 
using the avail		nge rate.	st be quoted in CAD Dollars ou may apply for up to an
Event costs (S <sub>i</sub> travel, accomm venue):	peaker fees	Food:	
What are yo	ur anticipated revenues?		
Revenues from registration fee		Revenues from employers:	
Other Revenue	es: 	Grand Total:	
Do you anticipa	te a profit:		
☐ Yes ☐ No ☐ Maybe			

What are the costs for the participants? If you are expecting non-members, there must be				
a <b>significant</b> cost differential from SHBC members.				
Cost for members:	Cost for non- members:	% Difference	e	
What amount of area	funds are you re	questing?		
Amount for event (max \$3000):		Amount for food (max \$500):		
Policies:				
I understand that I am recompleted.	equired to save all	the receipts and submit f	inal costs after the event is	
yes no				
	eech and Hearing E	BC and any surplus funds	e organizer must repay the will not be used to	
yes no				
Names and signatures of 3 member SLPs or 2 member AUDs that support this				
application				

## Acknowledgement

I understand that if my application is approved, <b>any changes that I make post-approval</b>
will need to be authorized by my Area Rep. Funds are designated for their original
purpose as set out in the submitted application. Any material changes (e.g. date change,
venue change, speaker change, change in fee, etc.) may mean the area funds are forfeited
unless prior permission is obtained by the Area Rep and/or SHBC.

Signature of requester:	Date:
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Please attach any additional information to the application.