



Southern Medical Association Budget Form for Education Activity

Joint Provider Organization Name: _____

Activity (Conference) Title _____

Start Date _____ End Date _____

Income/Support Information

Organization/Department Funding \$ _____

How many Unrestricted Education Grants _____

List each grant from commercial sources: if more space is needed add page to this form

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Grant/Commercial Support Total \$ _____

Registration Fee Income Total \$ _____

Exhibitor Support Total \$ _____

Total Income \$ _____

Attendance

Total Number of Physicians: _____

Total Number of Non-Physicians: _____

Actual Expenses

Printing and Mailing \$ _____

Honorarium \$ _____

Airline Travel & Cab \$ _____

Mileage \$ _____

Accommodation \$ _____

CME Fee(s) \$ _____

Conference Room \$ _____

Equipment Rental \$ _____

Meal(s) \$ _____

Advertising \$ _____

Total Expense \$ _____



Additional Sources

List each grant from commercial sources: if more space is needed add page to this form

[illegible]