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|  | **Minnesota Family Support and Recovery Council****2024 SPEAKER ACCOMMODATION FORM**To be filled out by the Session Coordinator.Complete one form for **each** speaker needing a hotel room, meals, transportation, and/or a fee. |  |

**It is absolutely essential that we have complete and accurate information by July 26, 2024.**

Send this completed form to Program Chair,Michele Schreifels at: Michele.Schreifels@state.mn.us.

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| Session Title:       | Session Coordinator:       |
| Phone:       | Email:       |

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| Speaker Information: |
| First Name:       | Middle Initial:       | Last Name:       |
| Title:        | Agency Name:       | Agency Phone:       |
| Agency Mailing Address:       |
| City:       | State:       | Zip Code:       |
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| **Fees: Speaker fees must be approved by the Program Chair.** The Program Chair needs to include all speaker fees in the conference budget. |
| Speaking fee:       | Describe & explain any other speaker costs (example – mileage, meals, airfare):      |
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| Hotel Room Needs: |
| **Overnight accommodations must be approved by the Program Chair before submitting this form.** No arrangements will be made without the approval of the Program Chair. If a speaker has less than a three-hour drive and is speaking in the afternoon, we will not provide overnight accommodations.[ ]  Approved by Program Chair |
| [ ]  Tuesday night  | [ ]  Wednesday night  | [ ]  Thursday night |
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| Special Room Needs: | [ ]  Smoking | [ ]  Handicapped |
|  | [ ]  Non-smoking | [ ]  Other:       |
|  |  |
| Payment for Hotel Room: | [ ]  MFSRC pays |
|  | [ ]  Speaker pays |
|  | [ ]  Speaker pays for spouse/guest |
|  |
| Meal Needs:  |
| Wednesday | Thursday |  |  |
|  |  |  |  |
| [ ]  Lunch | [ ]  Lunch |  |  |
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| Mileage:If needed and approved, mileage will be paid at the federal rate of $.625 per mile.  |
| Number of Miles:      x .67 = $      Make check payable to:       |
| [ ]  Approved by Program Chair |
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| Airport Transportation: Speakers will be responsible for their own transportation unless other arrangements have been made. |
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| Arrival date:       | Time:       | Flight:       |
| Departure date:       | Time:       | Flight:       |