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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](mailto: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 | | |
|  | |  | | | | | |
| 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 | |  | | | |  |
|  | | | | | | | |
| 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 | | | | | | | |
|  | | | | | | | |
| Airport Transportation:  Speakers will be responsible for their own transportation unless other arrangements have been made. | | | | | | | |
|  | | | | | | | |
| Arrival date: | | Time: | | | Flight: | | |
| Departure date: | | Time: | | | Flight: | | |