



ACTE Region V Conference



Conference Bid Sheet

State: _____

Year wishing to host: _____

Contact Person: _____

 Contact Phone Number: _____

 Contact Email Address: _____

 Contact Cell Phone: _____

Proposed Conference Location: _____

Distance from Airport: _____

Proposed Dates: _____

Proposed Registration Fee _____

Facilities: _____

 Cost per Room: _____

 Number of Sleeping Rooms _____

 Number of Breakout Rooms: _____

Number of Meals Included: _____

Tours: _____

Flights Available/Estimated Costs: _____

Evening Social Events: _____

Sample Estimated Budget				
	\$	#		\$
Revenue:				
Registration				
Vendors				
Auctions				
TOTAL REVENUE				
Expenses:				
Continental Breakfast				
Plated Breakfast				
Lunch				
Dinner				
Speaker Fees				
Postage, Printing, Program, etc.				
Supplies				
Decoration, Ribbons, Plaques, Signs				
Miscellaneous				
TOTAL EXPENSES				
TOTAL PROFIT/LOSS				

SAMPLE SCHEDULE OF EVENTS

Wednesday, April XX, 20XX

AM	Registration
10-Noon	Region V Policy Committee Meeting
11 AM - Noon	Policy Committee Working Lunch
2-5 PM	Leadership 101
2-5 PM	Division Meetings (TBA)
5:30 – 6:30 PM	Region V Policy Committee Meeting Evening Social Activity

Thursday, April XX, 20XX

7:00 AM	Registration
7:30 AM	Breakfast, Welcome, Opening
9:00 AM	First Time Attendees
9:00 AM	Committee Meetings
10:00 AM	Breakout Session
11:30 AM	Lunch/Keynote
12:30 PM	Breakout Session
1:30 PM	Industry Tours TBA
5:30 PM	Social

Friday, April XX, 20XX

8:00 AM	Breakfast/Keynote or Panel
9:30 AM	Breakout Session
10:45 AM	Breakout Session
12:00 PM	Lunch/Keynote
1:30 PM	Breakout Session
3:00 PM	State of States Business Meeting
4:30 PM	Leadership Networking
5:30 PM	Dinner, followed by Silent Auction and Social

Saturday, April XX, 20XX

9:30 AM	Awards Breakfast
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Possible Tours:

Sample Cancellation Policy: A 75% refund will be provided until two weeks prior to the conference at the discretion of the host. Requests must be in writing within two weeks after the conference with the reason identified.