



NVON Annual Conference Post Summary

Conference Chair shall send records including evaluation forms, signed vouchers with receipts, proposed budget and post summary with final conference expense sheet to NVON President within thirty (30) days of close of conference.

Conference Dates _____

Conference Location _____

Lodging

Room Rate: _____ Single _____ Double _____ Triple _____ Quad

Number of Rooms Booked/Paid

First Night # Rooms _____

Second Night # Rooms _____

Third Night # Rooms _____

Fourth Night # Rooms _____

Registration:

Number _____ full time @ \$ _____ = \$ _____

Number _____ part time @ \$ _____ = \$ _____

Number paid registrations: _____

Number of comp registrations: _____

Total Number Registrations: _____

Total Registration Money Received \$ _____

Attendance Break down by State

Arkansas _____, Illinois _____, Indiana _____, Kentucky _____, North Carolina _____,
South Carolina _____, West Virginia _____, Wisconsin _____

Number of: 1st Timers _____ Guests _____ Members _____

OTHER INCOME (LIST IF ANY) \$ _____

DONATIONS (LIST, IF ANY) \$ _____

TOTAL MONEY RECEIVED \$ _____

NATIONAL VOLUNTEER OUTREACH NETWORK, INC. POLICY GUIDELINES

Meals (list) including tax and gratuity

Reception _____ meals @ \$ _____ = \$ _____
First Lunch _____ meals @ \$ _____ = \$ _____
Second Lunch _____ meals @ \$ _____ = \$ _____
First Dinner _____ meals @ \$ _____ = \$ _____
Second Dinner _____ meals @ \$ _____ = \$ _____

Total Expense for Meals \$ _____

Conference Tours

Tour _____

Number attending _____ Amount Collected _____
Cost per Person _____ Total Cost Paid _____ Net \$ _____

Tour _____

Number attending _____ Amount Collected _____
Cost per Person _____ Total Cost Paid _____ Net \$ _____

Spouse/Friends Tour _____

Number attending _____ Amount Collected _____
Cost per Person _____ Total Cost Paid _____ Net \$ _____

Spouse/Friends Tour _____

Number attending _____ Amount Collected _____
Cost per Person _____ Total Cost Paid _____ Net \$ _____

Total for tours Net \$ _____

Trade Show: Number of booths _____ @ \$ _____ = \$ _____

Workshops/Seminars (details listed separately)

Total Money Received \$ _____
Total Expenses \$ _____
Net \$ _____

Speakers/Entertainment Expenses (details listed separately) \$ _____

Hotel and Audio Visual Expenses (details listed separately) \$ _____

Other Conference Expenses (details listed separately) \$ _____

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Workshops/Seminars (list only those with expenses)

Name _____ # _____ @\$ _____
Total Collected \$ _____ Cost Reimbursed \$ _____ Net \$ _____

Name _____ # _____ @\$ _____
Total Collected \$ _____ Cost Reimbursed \$ _____ Net \$ _____

Name _____ # _____ @\$ _____
Total Collected \$ _____ Cost Reimbursed \$ _____ Net \$ _____

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Name _____ # _____ @\$ _____
Total Collected \$ _____ Cost Reimbursed \$ _____ Net \$ _____

Name _____ # _____ @\$ _____
Total Collected \$ _____ Cost Reimbursed \$ _____ Net \$ _____

Total Net \$ _____

NATIONAL VOLUNTEER OUTREACH NETWORK, INC. POLICY GUIDELINES

Speaker/Entertainment (list only those with expenses)

Name _____
Fee \$ _____ Travel \$ _____ Lodging \$ _____ Meal \$ _____
Gift \$ _____ **Total \$** _____

Name _____
Fee \$ _____ Travel \$ _____ Lodging \$ _____ Meal \$ _____
Gift \$ _____ **Total \$** _____

Name _____
Fee \$ _____ Travel \$ _____ Lodging \$ _____ Meal \$ _____
Gift \$ _____ **Total \$** _____

Name _____
Fee \$ _____ Travel \$ _____ Lodging \$ _____ Meal \$ _____
Gift \$ _____ **Total \$** _____

Name _____
Fee \$ _____ Travel \$ _____ Lodging \$ _____ Meal \$ _____
Gift \$ _____ **Total \$** _____

Name _____
Fee \$ _____ Travel \$ _____ Lodging \$ _____ Meal \$ _____
Gift \$ _____ **Total \$** _____

Name _____
Fee \$ _____ Travel \$ _____ Lodging \$ _____ Meal \$ _____
Gift \$ _____ **Total \$** _____

Name _____
Fee \$ _____ Travel \$ _____ Lodging \$ _____ Meal \$ _____
Gift \$ _____ **Total \$** _____

Name _____
Fee \$ _____ Travel \$ _____ Lodging \$ _____ Meal \$ _____
Gift \$ _____ **Total \$** _____

Name _____
Fee \$ _____ Travel \$ _____ Lodging \$ _____ Meal \$ _____
Gift \$ _____ **Total \$** _____

Total Speaker/Entertainment Expenses \$ _____

NATIONAL VOLUNTEER OUTREACH NETWORK, INC. POLICY GUIDELINES

Hotel and Expenses

Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____

Total Cost \$ _____

Audio Visual Expenses

Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____
Item _____	Cost \$ _____

Total Cost \$ _____

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Total Hotel and Audio Visual Expenses \$ _____

NATIONAL VOLUNTEER OUTREACH NETWORK, INC. POLICY GUIDELINES

Other Conference Expenses

Registration Supplies (list separately) \$ _____

Postage/Phone \$ _____

Printed Programs \$ _____

Publicity/Printing (list separately) \$ _____

Decorations/Favors (list separately) \$ _____

Misc (list separately) \$ _____

Total other expenses \$ _____



NVON Annual Conference Final Conference Expenses

Date/Year	
State	
Income	
# Registered	
Registration Fee	
Room Rate	
# of Rooms Booked	

Expenses	
Meeting Rooms/Extras	
Meals Included in Registration	
Sleeping Rooms & Meals for Speakers and/or Presenters	
Speakers/Entertainment	
Registration Supplies	
Postage/Phone	
Printed Programs	
Classes/Workshops	
Audio/Visual	
Publicity/Printing	
Decorations/Favors	
Gifts to Presenters, etc	
State Day/Welcome Reception	
Misc.	
Total	
NVON Income sent to NVON Treasurer	

Summary of Evaluation Forms and Other Comments