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 including tax: _____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 _____ full time @ $_____ = $_____
Number _____ part time @ $_____= $_____
Number paid registrations: _____
Late Registration paid: $ ____
Number of comp registrations: _____
Total Number Registrations: _____
Total Registration Money Received $_____

Attendance Break down by State
Arkansas _____, Florida _____, Illinois _____, Indiana _____, Kentucky _____, Michigan _____,
North Carolina _____, South Carolina _____, West Virginia_____, Wisconsin _____,
Other _____

Number of: 1st Timers _____Guests _____ Members _____

OTHER INCOME

Silent Auction (ACWW)	$_____
Tour Proceeds	$_____
Workshops/Seminars/Crafts	$_____

Donations (list, if any)

_____	$_____
_____	$_____

TOTAL MONEY RECEIVED **$_____**

MEALS (LIST) INCLUDING TAX AND GRATUITY

State Night (if applicable) _____ 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 Amount Collected_____
Cost of Transportation, etc. $_____ Total Cost Paid $ _____ Net $ _____

Total for Tours Net $_____

ACWW Silent Auction $_____

Other proceeds to be paid (i.e. host state fundraiser) $_____

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) $_____

WORKSHOPS/SEMINARS (LIST ONLY THOSE WITH EXPENSES)

Name ____ # _________ @$______________
Total Collected $ _________ Cost Reimbursed $ ________ Net $________

Name ____ # _________ @$______________
Total Collected $ _________ Cost Reimbursed $ ________ Net $________

Name ____ # _________ @$______________
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Name ____ # _________ @$______________
Total Collected $ _________ Cost Reimbursed $ ________ Net $________

Name ____ # _________ @$______________
Total Collected $ _________ Cost Reimbursed $ ________ Net $________

Total Workshops/Seminars Net $______________

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 $ ________________**

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Gift $_______________ **Total $ ________________**

Name ____
Fee $____________ Travel $____________Lodging $___________Meal $__________
Gift $_______________ **Total $ ________________**

Name ____
Fee $____________ Travel $____________Lodging $___________Meal $__________
Gift $_______________ **Total $ ________________**

Total Speaker/Entertainment Expenses $_________________

Hotel and Expenses

Item _____ Cost $_____

Item _____ Cost $_____

Item _____ Cost $_____

Item _____ Cost $_____

Item _____ Cost $_____

Item _____ Cost $_____

Item _____ Cost $_____

Item _____ Cost $_____

Item _____ Cost $_____

Item _____ Cost $_____

Total Hotel and Expenses Cost $_____

Audio-Visual Expenses

Item _____ Cost $_____

Item _____ Cost $_____

Item _____ Cost $_____

Item _____ Cost $_____

Item _____ Cost $_____

Item _____ Cost $_____

Item _____ Cost $_____

Item _____ Cost $_____

Item _____ Cost $_____

Total Audio-Visual Cost $_____

Total Hotel and Audio-Visual Expenses $_____

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 $_____

Silent Auction for ACWW **$_____**

Other Proceeds to be Paid to Host State **$_____**

NVON ANNUAL CONFERENCE
FINAL CONFERENCE EXPENSES

Date/Year	
State	
# Registered	
Room Rate including tax	
# of Rooms Booked	
Registration Fee	
Income	
Registration	
Tours	
Workshops	
Donations	
Fundraiser	
ACWW Silent Auction	
Other Income: Vendors, Raffles, etc.	
Total Income	

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	
ACWW Silent Auction	
Misc.	
Total Expenses	
Proceeds/Deficit	
NVON Income **send to NVON Treasurer**	

SUMMARY OF EVALUATION FORMS AND OTHER COMMENTS