



Conference & Symposium Request Form

First Name: _____

Last Name: _____

Title: _____

Department (if applicable)

Example: HOPE, CEPS, etc.

Requester Email Address

Requester Phone Number

Identify which faculty or staff member will be responsible for coordinating and organizing the conference or symposium

This is the person the Events office will work directly with, if "self" please indicate

(This is a required question)



Conference or Symposium Information

What is the nature and purpose of the conference or symposium?

(This is a required question)

Proposed date number 1: _____

Proposed date number 2: _____

Proposed date number 3: _____

Proposed participants and attendees

Proposed source(s) of funding and amount

Indicate all funding sources including Miami Law

How will funding be used?

Example: Travel, hotel, meals, honoraria, etc.

How will this event further the mission and vision of Miami Law?
