

BUDGET FOR AN ACCREDITED SECTION 1 CPD ACTIVITY DEVELOPED BY A PHYSICIAN ORGANIZATION



Name of Physician Organization:

Title of CPD Activity:

REVENUE SOURCES	BUDGETED AMOUNT Dollars	BUDGETED AMOUNT In-kind (record at market value)
Registration fees		
Exhibit fees		
Sponsorship*		
Association subsidy (specify)		
Other (specify)		
Total revenue		
EXPENSES		
Accreditation fee		
Administration		
Advertising and promotion		
Audio visual		
Catering		
Course materials		
Facility rental		
Social events		
Management fee (e.g. communications firm)		
Postage and handling		
Shipping and handling		
Planning committee expenses		
Planning committee honoraria		
Faculty expenses		
Faculty honoraria		
Other (specify)		
Total expenses		
Net surplus / loss**		

* Please list all organizations that are offering financial support to the CPD activity:

** If there is a shortfall between total revenue and total expenses (i.e. a net loss), please detail how you intend to cover the difference?