

Attachment C: NIH Conference Attendance Request and Approval

Operating/Staff Division Information					
Operating or Staff Division	NIH – National Institutes of Health				
Office					
Conference Description					
Title/Topic					
Name of Agency/Organization Hosting the Conference					
Purpose for Attending the Conference					
Dates to be Held	From		To		
City					
State or Country					
Cost Information					
Total Estimated Cost	\$	# of Attendees Requested		Cost Per Attendee:	\$
Reason why so many attendees must attend					
If an annual conference, number of attendees from the past conference and reason for any change					
Details on Cost					
Registration Fees	\$	Travel Costs:	\$	Other	\$
Explanation of Other Costs					
Requestor Information					

Name	
Title	
Office	
Signature	

OPDIV / STAFFDIV Approval

I/C Executive Officer:		
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Typed Name	Signature	Date
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NIH Senior Travel Official (STO) (Required for all Meetings/Conferences ≥ \$25K):		
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Typed Name	Signature	Date
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NIH Director (Required for all Meetings/Conferences ≥ \$25K):		
Francis S. Collins		

Typed Name	Signature	Date
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**HHS Deputy Secretary Approval
(Required if Total Estimated Cost Exceeds \$100K)**

Concur: [] Non-Concur: []

Typed Name: _____ Signature: _____ Date: _____

**HHS Secretary Approval
(Required if Total Estimated Cost Exceeds \$500K; and submission of Attachment B – Conference Request Waiver)**

Concur: [] Non-Concur: [] Waiver Approval Date: _____

Typed Name: _____ Signature: _____ Date: _____