



DSTA Prior Conference Authorization Form Forms must be submitted 30 days before conference

Date submitted: _____

Name: _____

Contact Number: _____

Email Address: _____

Name of the Conference: _____

Dates of the Conference: From _____ to _____

Are you planning to share a hotel room? Yes ___ No ___ With? _____

How will you travel to and from the conference? (check one)

Car ___ Bus ___ Train ___ Plane ___

If driving, are you carpooling? Yes ___ No ___ With? _____

Are you requesting sub coverage? Yes ___ No ___

Rationale for the coverage: _____

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Number of conferences attended through DSTA:

This is my first one! ___ 5 - 9 ___

1 - 4 ___ 10 or more ___

I UNDERSTAND THAT, SHOULD I FAIL TO CANCEL MY REGISTRATION FOR THIS CONFERENCE AND I DO NOT ATTEND, I AM SOLELY RESPONSIBLE FOR THE FEES CHARGED TO DSTA FOR THIS EVENT.

Signature _____

Date _____

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OFFICE USE ONLY

Approved _____

Not approved _____

Signature _____

DSTA Position _____

Member notified by _____

on _____

(method)

(date)