



# CSCMP Roundtable Event Funds Request

Roundtable Name \_\_\_\_\_

Event Name \_\_\_\_\_

Date of Event \_\_\_\_/\_\_\_\_/\_\_\_\_  
*mm dd yyyy*

Preferred Method of Payment       Check       EFT

If requesting a check, please fill out the below information:

Name \_\_\_\_\_

Title \_\_\_\_\_ Company \_\_\_\_\_

Street Address/PO Box \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-Mail \_\_\_\_\_

The total registration funds that you see on the report      \$ \_\_\_\_\_

Total paid attendees \_\_\_\_\_

Total nonmember paid attendees \_\_\_\_\_