

## Reclamation Manual

Directives and Standards

### Choose the Appropriate NTR Type.

#### Conference Review

**Date of Completed Review - NTR:** Click or tap to enter a date.

**Date Received - NTR:** Click or tap to enter a date.

<b>Bureau/Office(s):</b> <i>(List all offices attending)</i>	
<b>Conference Name:</b>	
<b>Dates:</b>	Click or tap to enter a date. - Click or tap to enter a date.
<b>Number of Attendees:</b>	
<b>Location:</b>	
<b>Venue:</b>	
<b>Hosted by:</b>	
<b>Sponsorship:</b> <i>(List Cost)</i>	\$
<b>Approvals:</b>	<input type="checkbox"/> Secretary / Deputy Secretary <input type="checkbox"/> AS - PMB <input type="checkbox"/> DOI Deputy Chief Financial Officer (DCFO) <input type="checkbox"/> AS – Water & Science <input type="checkbox"/> BOR – Commissioner <input type="checkbox"/> BOR – CFO <input type="checkbox"/> Appropriate RLT Member <input type="checkbox"/> SOL – Ethics Review <i>Below threshold for preparing full conference package:</i>
<b>Registration Fees:</b> <i>(Include Meeting Rooms, Booth, A/V, Light Refreshments, Set-Up etc.)</i>	
<b>Receptions</b> <i>(Yes/No)</i>	Choose an item.
<b>Ethics Review Completed:</b> <i>(Yes/No)</i>	Choose an item.
<b>Average Travel Cost</b>	
Travel Expenses Per Person:	\$
Registration Fees:	\$
<b>Estimated Costs:</b>	
Travel and per diem expenses	\$
Registration	\$
<b>TOTAL ESTIMATED COST:</b>	\$

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- (Who – attendees; what – conference background information; how – benefit to the organization, etc.)
- (Address/justify discrepancies or anomalies in cost between attendees (lodging, rental car, etc.)
- (Address ethics review related to sponsored events not covered in registration fees, raffles, gifted/waived registration fees, etc.)
- (Address any public health crisis, restrictions, and monitoring relevant to conference attendance.)
- (Include all information related to the conference significant to note for approver signature)

Primary Point of Contact: \_\_\_\_\_  
Name Contact Information