



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

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)