

# FARM ANIMAL WELFARE SPEAKERS BUREAU

## APPLICATION FORM / FINAL REPORT

Please see Program Guidelines for assistance and additional information.

Organization Name	
Website	
Name of event where speaker will present	
Date of presentation	Event Location

### PRE-EVENT APPLICATION

*Complete this section before your event takes place.*

Contact Person	
Mailing Address	
City/Town, Province, Postal Code	
Telephone	Fax
Email Address	
How many do you expect to attend this event?	
What is the objective of your event?	
Name of speaker being requested, if known	
Is this a provincial or national event?	
<input type="checkbox"/> Provincial <span style="margin-left: 150px;"><input type="checkbox"/> National</span>	
Additional information:	

### POST-EVENT REPORT

*Complete this section after your event is completed.*

Contact Person <i>(if different than applicant at left)</i>											
Mailing Address											
City/Town, Province, Postal Code											
Telephone	Fax										
Email Address											
How many actually attended your event?											
Please indicate the relative proportions of the audience: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Producers</td> <td style="width: 50%;">_____ Veterinarians</td> </tr> <tr> <td>_____ Processors</td> <td>_____ Researchers</td> </tr> <tr> <td>_____ Media</td> <td>_____ Consumers</td> </tr> <tr> <td>_____ Processing Plant</td> <td>_____ Food retailers</td> </tr> <tr> <td>_____ Employees</td> <td>_____ Other</td> </tr> </table>		_____ Producers	_____ Veterinarians	_____ Processors	_____ Researchers	_____ Media	_____ Consumers	_____ Processing Plant	_____ Food retailers	_____ Employees	_____ Other
_____ Producers	_____ Veterinarians										
_____ Processors	_____ Researchers										
_____ Media	_____ Consumers										
_____ Processing Plant	_____ Food retailers										
_____ Employees	_____ Other										
Name(s) of FAWSB speaker(s) who presented											
Please indicate how the program sponsors and partners were acknowledged at your event. <ul style="list-style-type: none"> <li><input type="checkbox"/> Verbally announced at the event</li> <li><input type="checkbox"/> Onscreen as part of the speaker presentation</li> <li><input type="checkbox"/> Logos printed on event program or agenda</li> <li><input type="checkbox"/> Logos printed on participant registration kits</li> <li><input type="checkbox"/> Logos printed on sign(s) at event</li> <li><input type="checkbox"/> Other:</li> </ul>											

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EVENT / PROGRAM COSTS			
	ESTIMATE Cost	ACTUAL Cost	PAID BY**
Presenter Fees	_____	_____	_____
Presenter Expenses (travel, meals, etc)	_____	_____	_____
Facility / AV Rent	_____	_____	_____
Marketing	_____	_____	_____
Coordination	_____	_____	_____
Other Costs*	_____	_____	_____
NET COST	_____	_____	_____

\* lunch, printing, handouts, name tags, etc. \*\* including donations or in-kind

Signature of Applicant	Signature of Report Submitter
Date	Date

Please send completed forms to:

Farm Animal Council of Saskatchewan  
 Attention: Adele Buettner, Executive Director  
 502 – 45<sup>th</sup> Street West, 2<sup>nd</sup> Floor  
 Saskatoon, SK S7L 6H2

**Note:**

For the Post-Event Report, please include an appendix with the following:

- Copies of presenters expenses (invoices, receipts)
- Copy of event agenda
- Flyers or advertisements for the event, if available
- Photos from the event, especially of the FAWSB speaker (optional)