



Associated Students, Inc.

Funding Request Form

2017-18

for the Students, by the Students

Necessary Documents:

- ☐ Event Flyer w/ A.S.I. Logo
- ☒ CSI Event Reg. Form
- ☐ Estimates / Food Permits
- ☒ Event Estimates / Invoices

Contact

Officer Name:

Officer Title:

Address:

City/State/Zip:

Phone & Email:

Officer Signature:

Organization

Club/Organization: National Association for Music Educators

Event Title: California All-State Music Educator's Conference

Date(s) of Event: 2/15/18 Semester Select One... Spring 18

Location of Event: San Jose Convention Center

Expected Total Attendance: 9

Expected Attendance of Cal State LA Students: 9

Event Description and Total Cost Breakdown

Briefly describe the event:

Members of the CSULA NAFME chapter will be attending the annual conference for Music Educators in San Jose. The event has performances and workshops held by professors from around the United States.

Is the event open to all Cal State LA students?: Select One...

How will this program enhance the Cal State LA experience?:

Members of CSULA's NAFME chapter will gain invaluable insight into the world of music and education. Most importantly, the networking opportunities are absolutely irreplaceable.

Hospitality

Description	Amount
Air BnB	\$488.33

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount
	\$0.00

Other

Description	Amount
Transportation	\$212.50

Event Summary

Total Cost of Event: \$700.83

Amount Requested from A.S.I.: \$700.83

Amount from other sources:

What other resources are you employing for this event?

Personal meals will be supplied by students themselves. The fees for the conference are also taken care of on an individual basis.

For Office Use Only • Do Not Write Below

Important:

- (1) All Funding Request Forms must be turned in by 12 PM Friday, the week before the Funding Sub-Committee Meetings.
- (2) Additionally, funding request forms must be turned in no less than 10 business days (2 weeks) prior to the event.
- (3) Deadline for Request for Payment or Purchase Order (RPP) is 15 days after the event.

All forms must have a Time Stamp and

staff initial: AM

15 JAN 31 PM 5:45:44

STUDENT ORGANIZATION EVENT REGISTRATION FORM

COMPLETED



This form must be completed 10 business days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed. No publicity may be distributed or posted online until this form has been submitted for off campus events or until the reservation confirmation process has been completed for on campus events. **Signatures must be completed in blue or black ink.**

NAME OF ORGANIZATION: National Association For Music Education PHONE: _____ DATE: 11/24/18
EVENT CONTACT NAME: Naor Karkay Selea EMAIL: _____
NAME OF EVENT: California All-State Music Educator's Conference LOCATION: San Jose Convention Center
EVENT DATE: 02/15-19/18 BEGIN TIME: 6:00 END TIME: 24:00 ESTIMATED ATTENDANCE: 5-10

TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)

BENEFITS TO PROCEED EDUCATIONAL PROGRAM ☒ SPIRITUAL PROGRAM RECREATIONAL PROGRAM
DANCE/PARTY SOCIAL PROGRAM COMMUNITY SERVICE CONFERENCE/CONVENTION ☒

OTHER: _____

WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

SPORTS ACTIVITY OR COMPETITION FOREST/PARK CLEAN-UP INTERNATIONAL TRAVEL
BEACH CLEAN-UP INDOOR/OUTDOOR COOKING DOMESTIC TRAVEL ☒
BEACH BONFIRE

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

Members of the CSULA NAfME chapter will be attending the annual conference for music educators up in San Jose. The event will be held at the San Jose Convention Center on the dates of 02/15/18 - 02/19/18. This will be an overnight event. We will be staying at and Air BnB as a single group. Carpooling will also be the only form of transportation.

The event includes music performances and workshops held and given by various professors from around the United States. It is a massive networking tool for future music educators.

WHO IS INVITED (CHECK ALL THAT APPLY):

☒ STUDENT ORG. MEMBERS ☐ CAL STATE LA COMMUNITY ☐ OTHER COLLEGES & UNIV. ☐ GENERAL PUBLIC ☐ GUEST LIST

Events intended for the general Cal State LA campus will be listed in the Student Organization Calendar of Events distributed in a bi-weekly email by the Center for Student Involvement. ☒ NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.

WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION, PARTICIPATION FEE, OR RAISE ANY PROCEEDS TO BENEFIT THE ORGANIZATION? (If yes, please complete statement regarding proceeds to benefit transactions on the back of this form) ☒ NO YES

WILL A MOVIE BE SHOWN? ☒ NO YES (If yes, please attach written proof of viewing rights.)

WILL THE EVENT HAVE SECURITY? ☒ NO YES If yes, please explain

WILL FOOD BE SERVED AT THE EVENT? ☒ NO YES

IF YES, WHO WILL PROVIDE THE FOOD? UNIVERSITY CATERING OTHER: _____

A completed food permit is required for all on-campus events with food unless the food is provided by University Catering.

WILL ALCOHOL BE PRESENT AT THE EVENT? ☒ NO YES. Please attach a completed request to serve alcoholic beverages. (This form may take up to two weeks for review and possible approval.)

WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE? ☒ NO YES Initials _____

If so, please affirm organization members and guests will not consume alcohol.

PLEASE LIST 2 TIPS TRAINED MEMBERS ON PAGE 2.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? ☒ NO YES

YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.

DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? ☒ NO YES

Please be aware that student organization events are not covered for liability or other insurance by California State University, Los Angeles or the University-Student Union. Student organization officers or the advisor may be held personally liable. If the student organization would like to purchase Special Event Insurance for a particular event, please contact CSI.

STATEMENT REGARDING PROCEEDS TO BENEFIT TRANSACTIONS

As officers of this recognized student organization at Cal State LA, we affirm that all proceeds raised or assets assigned will be used solely for the benefit of the organization as a whole. Further, it is affirmed that no proceeds or assets of this organizations will accrue to the benefit of any officer, member, or any private person. We also affirm that all proceeds transactions for this event will comply with all University policies and procedures including but not limited to ICSUAM Policy 3141.01 and the Cal State LA Student Organization Funds Administration Policy.

Describe the admission charge, registration, participation fee, or any proceeds that will be raised to benefit the organization.

Please include how much the organization will be charging for any of these proceeds.

~~NA~~ Self-funded unless ASI approves funding.

PRESIDENT: Naor Karkay Selea

SIGNATURE: 

DATE: 1/22/18

TREASURER: Drew Martinez

SIGNATURE: 

DATE: 1/22/18

EVENT GUIDELINES

The following guidelines are provided for the benefit of the student organization. They are intended to be followed completely. Failure to comply with any of the following guidelines may result in disciplinary action taken against the organization including suspension of recognition, events and use of facilities. More information can be found online in the Student Organization Handbook.

CONDUCT: The organization assumes full responsibility for the conduct of participants at the event. Any violation of University policy may subject the participants and/or the organization to disciplinary action by the Center for Student Involvement or Student Conduct.

ALCOHOL: In accordance with Administrative Procedure 019 - Alcoholic Beverages, any event (on or off campus) that involves the consumption of alcoholic beverages requires authorization from the University. Your organization must complete and submit a Request to Serve Alcoholic Beverages form in addition to this Event Registration Form. Please allow at least 3 weeks for this form to be reviewed by the University. Approved alcohol consumption events and events held where alcohol is available (but will not be consumed) require at least two TIPS certified members to be in attendance of the entire event. Additional guidelines may be enforced.

PUBLICITY: All publicity material must have the name of the sponsoring group and the following statement: "The actions and opinions of this organization do not necessarily reflect those of the students, staff, faculty, or administration of Cal State LA."

GENERAL RELEASE: If your event will require the use of general release waivers prior to organization member and guest participation, your organization is required to comply with all instructions provided by CSI, including submitting all completed forms and requested documents.

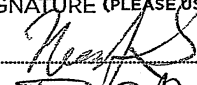
MY SIGNATURE BELOW INDICATES THAT I WILL TAKE RESPONSIBILITY TO ENSURE THAT THE EVENT WHICH MY ORGANIZATION IS SPONSORING WILL FOLLOW ALL GUIDELINES SET FORTH BY THE UNIVERSITY. I ACKNOWLEDGE THAT THIS EVENT AND ANY ASSOCIATED EVENT SPACE RESERVATIONS MAY BE SUBJECT TO CANCELLATION BASED ON MY ORGANIZATION'S RECOGNITION STATUS.

STUDENT ORG. OFFICER'S NAME

SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY)

DATE:

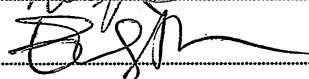
Naor Karkay Selea



01/23/18

ADVISOR'S NAME

Dr. Emily Moss



1/23/18

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)

SIGNATURE:

DATE:

CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY



1-29-18

ASSISTANT DEAN OF STUDENTS: WELLNESS & ENGAGEMENT



GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS? ☐ NO ☐ YES DATE REQUIRED: _____

NOTIFICATIONS:

☐ PUBLIC AFFAIRS

DATE: _____

☐ ATHLETICS

DATE: _____

☐ DEPT. OF PUBLIC SAFETY

DATE: _____

☐ FACILITIES USE COORDINATOR

DATE: _____

NOTES OR UPDATES:

California State University, Los Angeles
 CLASS GENERAL RELEASE
 (FIELD TRIP/OFF-CAMPUS ACTIVITY/TRANSPORTATION)

NOT AUTHORIZED FOR USE WITH MINORS

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity (include name of professor and course): N.A.M.E. CA Music Educator's Conf. Naor Karkay Selea

The activity in which I am voluntarily participating as an organization member is not Cal State LA related and has no course affiliation.

Activity Date(s) and Time(s): 2/15-19/2018

Activity Location(s): San Jose Convention Center

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, [Los Angeles] and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely (see attached). No other representations concerning the legal effect of this document have been made to me.

California State University, Los Angeles
CLASS GENERAL RELEASE
(FIELD TRIP/OFF-CAMPUS ACTIVITY/TRANSPORTATION)
NOT AUTHORIZED FOR USE WITH MINORS

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity (include name of professor and course): N.A.M.E. CA Music Educator's Conf. Naor Karkay Selea
 The activity in which I am voluntarily participating as an organization member is not Cal State LA related and has no course affiliation.

Activity Date(s) and Time(s): 2/15-19/2018

Activity Location(s): San Jose Convention Center

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I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

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I have read this document, and I am signing it freely (see attached). No other representations concerning the legal effect of this document have been made to me.

ONLY STUDENTS ENROLLED IN THIS COURSE MAY PARTICIPATE

Class Rise rev. July 2010

California State University, Los Angeles

Field Trip Emergency Information Guidelines Form

The following guidelines are for the collection and retention of emergency information related to a University sponsored field trip. This information shall be retained by the Field Trip Supervisor in-charge of the travel. Additionally, an extra copy shall accompany another State employee and/or University registered volunteer in the event the primary person becomes incapacitated.

The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required – PLEASE PRINT):

- *University Field Trip Supervisor: Kimberly Nieto
NAME
- *Travel participant's name, home address and phone contact number. Ivan J. Hernandez
NAME HOME ADDRESS PHONE NUMBER
- *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.
NAME PHONE NUMBER RELATIONSHIP
- Travel participant's parent and/or legal guardian's name and phone number (if different from above).
NAME PHONE NUMBER
- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: _____

- Identification of physical limitations that the travel participant might have (disclosure is voluntary).

- Name and contact information of travel participant's personal physician.
NAME PHONE NUMBER

All information shall be maintained as confidential and only released when deemed appropriate based on the circumstances of the disclosure.

The aforementioned elements are intended to be a guide to Field Trip Supervisors and there may be the need to gather additional information beyond those elements shown above.

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The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required – PLEASE PRINT):

- *University Field Trip Supervisor: Kimberly Nieto
NAME
- *Travel participant's name, home address and phone contact number
Emmanuel Doerk
NAME HOME ADDRESS PHONE NUMBER
- *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.

NAME PHONE NUMBER RELATIONSHIP
- Travel participant's parent and/or legal guardian's name and phone number (if different from above).
NAME PHONE NUMBER
- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: _____

- Identification of physical limitations that the travel participant might have (disclosure is voluntary).

- Name and contact information of travel participant's personal physician.
NAME PHONE NUMBER

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The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required - PLEASE PRINT):

- *University Field Trip Supervisor: Kimberly Nieto
NAME

- *Travel participant's name, home address and phone contact number.

Drew Martinez
NAME HOME ADDRESS PHONE NUMBER

- *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.

NAME PHONE NUMBER RELATIONSHIP

- Travel participant's parent and/or legal guardian's name and phone number (if different from above).

NAME PHONE NUMBER

- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: N/A

- Identification of physical limitations that the travel participant might have (disclosure is voluntary).

N/A

- Name and contact information of travel participant's personal physician.

NAME PHONE NUMBER

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The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required - PLEASE PRINT):

■ *University Field Trip Supervisor: Kimberly Nieto
NAME

■ *Travel participant's name, home address and phone contact number.
CARLOS KOHLMANN
NAME HOME ADDRESS PHONE NUMBER

■ *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.

NAME PHONE NUMBER RELATIONSHIP

■ Travel participant's parent and/or legal guardian's name and phone number (if different from above).
NAME PHONE NUMBER

■ Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: NONE

■ Identification of physical limitations that the travel participant might have (disclosure is voluntary).
NONE

■ Name and contact information of travel participant's personal physician.
NAME PHONE NUMBER

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The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required – PLEASE PRINT):

- *University Field Trip Supervisor: Kimberly Nieto
NAME
- *Travel participant's name, home address and phone contact number.
Eduardo Madrigal HOME ADDRESS PHONE NUMBER
NAME
- *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.
Susana Madrigal PHONE NUMBER RELATIONSHIP
NAME
- Travel participant's parent and/or legal guardian's name and phone number (if different from above).
NAME PHONE NUMBER
- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary).
Please list: N/A
- Identification of physical limitations that the travel participant might have (disclosure is voluntary).
N/A
- Name and contact information of travel participant's personal physician.
N/A N/A
NAME PHONE NUMBER

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The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required - PLEASE PRINT):

- *University Field Trip Supervisor: Kimberly Nieto
NAME
- *Travel participant's name, home address and phone contact number.
Naol Kerkay-Selea
NAME HOME ADDRESS PHONE NUMBER
- *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.
Anna Kerkay
NAME PHONE NUMBER RELATIONSHIP
- Travel participant's parent and/or legal guardian's name and phone number (if different from above).
NAME PHONE NUMBER
- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list:
- Identification of physical limitations that the travel participant might have (disclosure is voluntary).
- Name and contact information of travel participant's personal physician.

NAME PHONE NUMBER

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The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required - PLEASE PRINT):

- ☒ *University Field Trip Supervisor: Kimberly Nieto
NAME
- ☒ *Travel participant's name, home address and phone contact number.
Carina Castro
NAME HOME ADDRESS PHONE
- ☒ *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.
NAME PHONE NUMBER RELATIONSHIP
- ☒ Travel participant's parent and/or legal guardian's name and phone number (if different from above).
- ☒ Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: _____
- ☒ Identification of physical limitations that the travel participant might have (disclosure is voluntary). _____
- ☒ Name and contact information of travel participant's personal physician.
NAME PHONE NUMBER

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The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required - PLEASE PRINT):

- *University Field Trip Supervisor: Kimberly Nieto
NAME
- *Travel participant's name, home address and phone contact number
Marcos Vidal Alcala
NAME HOME ADDRESS PHONE NUMBER
- *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.

NAME PHONE NUMBER RELATIONSHIP
- Travel participant's parent and/or legal guardian's name and phone number (if different from above). [Signature]
NAME PHONE NUMBER
- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: n/a
- Identification of physical limitations that the travel participant might have (disclosure is voluntary). n/a
- Name and contact information of travel participant's personal physician.
Zamora
NAME PHONE NUMBER

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The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required - PLEASE PRINT):

■ *University Field Trip Supervisor: Kimberly Nieto
NAME

■ *Travel participant's name, home address and phone contact number.

Nicholas H 171
NAME HOME ADDRESS PHONE NUMBER

■ *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.

NAME PHONE NUMBER RELATIONSHIP

■ Travel participant's parent and/or legal guardian's name and phone number (if different from above).
NAME PHONE NUMBER

■ Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: _____

■ Identification of physical limitations that the travel participant might have (disclosure is voluntary).

■ Name and contact information of travel participant's personal physician.

1
NAME PHONE NUMBER

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The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required - PLEASE PRINT):

- *University Field Trip Supervisor: Kimberly Nretu
NAME

- *Travel participant's name, home address and phone contact number.

Hermann Lucas Cruz
NAME HOME ADDRESS PHONE NUMBER

- *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.

Herman Lucas
NAME PHONE NUMBER RELATIONSHIP

- Travel participant's parent and/or legal guardian's name and phone number (if different from above).

NAME PHONE NUMBER

- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: _____

- Identification of physical limitations that the travel participant might have (disclosure is voluntary). _____

- Name and contact information of travel participant's personal physician.

NAME PHONE NUMBER

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The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required – PLEASE PRINT):

■ *University Field Trip Supervisor: Kimberly Nieto
NAME

■ *Travel participant's name, home address and phone contact number
Kerry Diaz
NAME HOME ADDRESS PHONE NUMBER

■ *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.

NAME PHONE NUMBER RELATIONSHIP

■ Travel participant's parent and/or legal guardian's name and phone number (if different from above).

NAME PHONE NUMBER

■ Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: _____

■ Identification of physical limitations that the travel participant might have (disclosure is voluntary). _____

■ Name and contact information of travel participant's personal physician.

NAME PHONE NUMBER

All information shall be maintained as confidential and only released when deemed appropriate based on the circumstances of the disclosure.

The aforementioned elements are intended to be a guide to Field Trip Supervisors and there may be the need to gather additional information beyond those elements shown above.

California State University Los Angeles



COLLEGIATE

NAfME Collegiate Chapter

Attend the 2018 California Music Educators Conference! The conference is held annually in San Jose, California at the downtown San Jose Convention Center.

This year the event will be held from February 15th - 18th, 2018.

Be sure to register for both your NAfME membership, and CASMEC registration.

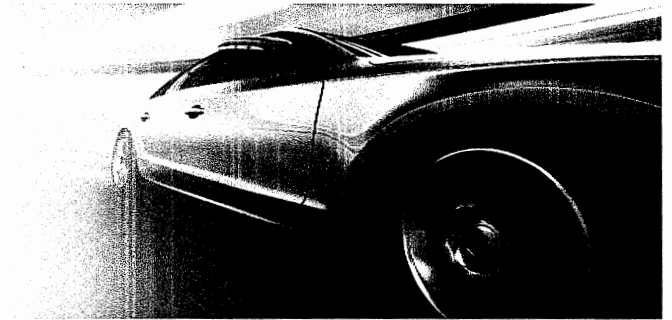


Proposed Transportation Costs

GRAND TOTAL \$212.50

VEHICLE 1 TOTAL \$85.00 Gas Cost \$3.00/gal

VEHICLE 2 TOTAL \$127.50



DATE	AMOUNT	VEHICLE	WHERE	DESCRIPTION
2/15/2018	\$34.50	VEHICLE 1	To San Jose	345 miles/30 MPG
2/15/2018	\$51.75	VEHICLE 2	To San Jose	345 miles/20 MPG
2/19/2018	\$34.50	VEHICLE 1	From San Jose	345 miles/30 MPG
2/19/2018	\$51.75	VEHICLE 2	From San Jose	345 miles/20 MPG
2/15/2018	\$16.00	VEHICLE 1	Air BnB to and from Convention Center	40 miles/30 MPG (Times 4 Days) =160 Miles
2/15/2018	\$24.00	VEHICLE 2	Air BnB to and from Convention Center	40 Miles/20 MPG (Times 4 Days) =160 Miles

[Email Receipt](#)[Print Receipt](#)[View Itinerary](#)

Customer Receipt

Confirmation Code: HMYJ5WJQWF
Sat, January 13, 2018
Receipt #: 2613741454

Guests	Carina Castro, and 4 others
Travel Destination	San Jose, CA
Accommodation Address	<u>648 Teatree Court, San Jose, CA 95128, United States</u>
Travel Property	Business Travel 2b/2b Condo near Santana Row
Accommodation Type	Entire home/apt
Nights	3

Accommodation Type	Entire home/apt
Nights	3

Check-in

Thu, February 15, 2018
Anytime after 4PM

Checkout

Sun, February 18, 2018

Payment Details

Payment received: Sat, January 13, 2018

\$111.33 x 3 Nights	\$334.00
Cleaning Fee	\$100.00
Airbnb Service Fee	\$55.93
Occupancy Taxes	\$43.40
Occupancy Taxes	\$43.40
Discount	-\$45.00
Total	\$488.33