

NASDN K-9 TRAINING SEMINAR  
PROPOSAL for 200\_\_

Thank you for your interest in hosting a seminar. Please provide all information available, and return to the NASDN Board of Directors for consideration as soon as possible.

1. Where do you propose to hold the 200\_\_ NASDN K-9 Training Seminar?  
City: \_\_\_\_\_ State / Province: \_\_\_\_\_
  
2. List 3 choices of dates (must be 5 days to provide 40 hours of training).  
First choice: \_\_\_\_\_  
Second choice: \_\_\_\_\_  
Third choice: \_\_\_\_\_
  
3. What law enforcement agency(s) will co-sponsor?  
Department/Agency: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip: \_\_\_\_\_
  
4. Will the above named dept./ agency offer their support/assistance to you?  
\_\_\_ yes \_\_\_ no \_\_\_ other \_\_\_\_\_
  
5. What amount do you suggest for the registration fee? (Should include cost of meals).  
\$ \_\_\_\_\_ for each attendee.  
Meals Included \_\_\_yes \_\_\_no  
Accommodations included \_\_\_yes \_\_\_no

Final approval by NASDN board at spring meeting.

6. List hotels/motels near the site that will give lowest rates for Seminar participants, and permit dogs:

Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Rates: \_\_\_\_\_ Other info: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Rates: \_\_\_\_\_ Other info: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Rates: \_\_\_\_\_ Other info: \_\_\_\_\_

\_\_\_\_\_ Additional hotel/motels listed on a separate sheet of paper.

7. Do you have suggestions for speakers/instructors at the seminar, including topics? If so, a list of names, address and phone numbers must be provided -- along with a one paragraph resume of their credentials (Dept. / agency / SAR group, number or years experience, area(s) of expertise, special training, honors, etc.).

\_\_\_yes \_\_\_no \_\_\_If yes a list of suggestion is enclosed, or will be forthcoming in the near future.

8. Your signature below is an agreement to abide by the policies and rules of NASDN with regard to the seminar. You will in cooperation with The Board, if you are selected. to host this event.

Signature: _____	Date: _____
Name: _____	Home phone: _____
Address: _____	Work Phone: _____
City: _____	best time(s) to call: _____
State/Province _____	E-Mail: _____
Country: _____	

I understand that officers and members of NASDN will offer full support if my location or organization is selected to co-host the seminar.

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional Information:

AGREEMENT for DISBURSEMENT of SEMINAR PROFITS

this agreement entered into this \_\_\_ day of \_\_\_\_\_, 200\_\_, between the North American Search Dog Network hereinafter NASDN, and \_\_\_\_\_, hereinafter \_\_\_\_\_, and \_\_\_\_\_,

For, and in consideration of, monetary benefits to be derived by the seminar pursuant to this agreement, NASDN and \_\_\_\_\_, hereby agree as follows:

- 1. NASDN and \_\_\_\_\_ will jointly work to hold a dog training seminar on \_\_\_\_\_ in the city of \_\_\_\_\_ for the State/Province of \_\_\_\_\_ for the benefit of the members of NASDN.
- 2. The expenses for such seminar, including the deposit and fee the seminar site ground, and speakers fees, and instructor’s expenses, shall be paid by NASDN, and NASDN shall reimburse \_\_\_\_\_ for any reasonable and necessary expenditures which are incurred by \_\_\_\_\_ and approved by NASDN.
- 3.
  - a.) Any advance funds (seed money) provided by NASDN for seminar expenses must be accounted for by receipts.
  - b.) All receipts and records of expenditures related to this seminar shall be property of NASDN and shall be turned over to the NASDN secretary, with a balance sheet, within 60 days of the end of the seminar.
  - c.) Any host funds expended which NASDN is requested to reimburse must be accompanied by receipts.
- 4. Any moneys received by NASDN for its auction and any moneys received by \_\_\_\_\_ for similar fund raising activities at the seminar shall be retained by NASDN.
- 5. All, remaining NASDN purchased merchandise must be returned to the office of the secretary.

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete, sign and return two copies. You will be advised of the decision, and an approved copy will be returned to you if your department / organization is chosen as co-host of this event.