

C. Letter of Agreement for Financial Responsibility of Region Seminars

The seminar executive committee determines its own financial workplan and budget. Financial workplans and budgets shall be submitted on a regularly scheduled timeline to the region director and region seminar coordinator for review and presentation to the region board of directors for approval.

IF THE APPROVED BUDGET POLICIES AND PROCEDURES ARE FOLLOWED AND A DEFICIT OCCURS, THE HOST UNIT AND THE REGION WILL SHARE THE RESPONSIBILITY EQUALLY. IF A DEFICIT OCCURS BECAUSE THE POLICIES AND PROCEDURES WERE NOT FOLLOWED, THE RESPONSIBILITY LIES TOTALLY WITH THE HOST CHAPTER. RMR Policies and Procedures, Section VI-H.

The seminar budgeting process is an important planning tool of the seminar executive committee. However, the region board of directors has the responsibility of approving finances. The seminar executive committee collects and organizes financial information to assist in planning.

Please carefully read and review the policies and procedures of the Rocky Mountain Region and those of EGA relating to region seminars. Ask the region seminar coordinator or the region director any questions where you feel clarification is necessary in order that you completely understand what is required of you. Then, sign, date, and return the original form to the region seminar coordinator by DEADLINE DATE.

“I have read and understand the Rocky Mountain Region Policies and Procedures and those of EGA relating to region seminars. I understand the duties and responsibilities of my office, and shall adhere to the policies set forth.”

_____	_____
Seminar 'xx Chairman	Date
_____	_____
Seminar 'xx Dean of Faculty	Date
_____	_____
Seminar 'xx Treasurer	Date
_____	_____
Seminar 'xx Registrar	Date
_____	_____
RMR Seminar Coordinator	Date
_____	_____
RMR Director	Date

Sponsoring Entity (Region or Chapter) _____

EGA Master Calendar of Events Submission Form

Chapter/Region _____

Meeting Dates _____ Time: _____

Location Address _____

City _____

State _____

Contact _____

Mailing Address _____

E-Mail Address _____

Seminar/Exhibit Dates _____

Seminar/Exhibit Location _____

City _____ State _____

Contact _____

Telephone () _____

E-Mail Address _____

Submitted by _____

Title _____ Date _____

Issue

March

June

September

December

Deadline for Receipt at EGA HQ

December 1

March 1

June 1

September 1

Please return to:

The Embroiderers' Guild of America, Inc.
426 W. Jefferson Street
Louisville, KY 40202-3202

May be submitted by e-mail to: EGAHQ@aol.com

Postmark date _____

(Logo)

Name of seminar
20xx RMR Seminar Registration Form
(Please Print)

Name _____

Your name, as you wish it to be printed in the handbook _____

Address _____

City, State, Zip _____

Telephone (day) _____ (evening) _____

Email _____

Region _____ Chapter/MAL _____ EGA Member # (required) _____

Emergency Contact Information: Name _____ Relationship _____

Telephone (day) _____ (evening) _____

_____ I am a first time attendee

_____ I am a life-member of EGA

Do you need a roommate? _____yes ___ no

SPECIAL NEEDS:

Mobility (Example: I use a wheel chair) _____

Dietary—(Please specify) _____

CLASS SELECTION

1st Choice # _____ Title _____ Teacher _____

2nd Choice # _____ Title _____ Teacher _____

3rd Choice # _____ Title _____ Teacher _____

Would you like to be a class Angel? ___ yes

Would you like to volunteer in another way? ___ yes

20xx RMR Seminar Registration Form (continued)

Name: _____

SEMINAR FEES

Registration- includes classes, __ meals, & non-refundable registration fee \$XXX _____

EGA member other than RMR member \$ 5 _____

Late Registration Fee (postmarked after *month, day, year*) \$ XX _____

Facility Use Fee (Commuter Fee) \$ XX _____

Guest Meal Fees

(all meals) \$ XX _____

(banquet) \$ XX _____

(lunch) \$XX _____

etc

Region meeting lunch (if not a member of the board) \$XX _____

Merchandise Night

Full table \$XX _____

Half table \$XX _____

Subtotal

Less Pre- registration credit if you pre-registered \$ XX (_____)

TOTAL DUE (check number _____) _____

Send check or money order (only) made out to: *RMR Seminar 20XX*, along with a self-addressed, stamped envelope to:

Name and Address of Registrar

Phone Number (hours that calls will be accepted, no collect calls, etc.)

E-mail address

[Seminar Cancellation Policy here]

Make of copy of this form (front and back) for your personal records.

Rocky Mountain Region, EGA Seminar ‘ _____
Quarterly Financial Report
Quarter Ending _____

Account		Budget	This Month	To Date	Balance
	Revenue				
401	Registration				
402	Banquet				
403	Merchandise Night				
404	Teacher's Kits				
405	Special Events				
406	Merchandise Sales				
407	Region Loan Money				
408	Interest Income				
409	Other Income				
	Total Revenue				
	Expense				
501	Meals				
502	Site				
503	Other Facility				
504	Faculty				
505	Teacher's Kits				
506	Audio Visual Equipment				
507	Regular Activities				
508	Special Events				
509	Merchandise Sales				
510	Brochure Publication				
511	Printing				
512	Publicity				
513	Administration				
514	Hospitality Items				
515	Miscellaneous				
516	Region Loan Repayment				
	Total Expense				
	Excess (Loss)				
	Please attach copies of all Bank Statements for the period covered by this report				
	Beginning Checkbook Balance				
	Deposits				
	Withdrawals (checks)				
	Ending Checkbook Balance				

Rocky Mountain Region, EGA Seminar ‘ _____
Monthly Financial Report
Month Ending _____

Account		Budget	This Month	To Date	Balance
	Revenue				
401	Registration				
402	Banquet				
403	Merchandise Night				
404	Teacher's Kits				
405	Special Events				
406	Merchandise Sales				
407	Region Loan Money				
408	Interest Income				
409	Other Income				
	Total Revenue				
	Expense				
501	Meals				
502	Site				
503	Other Facility				
504	Faculty				
505	Teacher's Kits				
506	Audio Visual Equipment				
507	Regular Activities				
508	Special Events				
509	Merchandise Sales				
510	Brochure Publication				
511	Printing				
512	Publicity				
513	Administration				
514	Hospitality Items				
515	Miscellaneous				
516	Region Loan Repayment				
	Total Expense				
	Excess (Loss)				
	Please attach copies of all Bank Statements for the period covered by this report				
	Beginning Checkbook Balance				
	Deposits				
	Withdrawals (checks)				
	Ending Checkbook Balance				

Rocky Mountain Region, EGA Seminar ‘ _____

Request for Reimbursement

Date _____ Amount _____

Requested by: _____

Committee: _____

Please pay to:

Name _____

Mailing Address _____

Telephone _____ E-mail _____

Brief explanation with original receipts attached: (list telephone, postage, printing, etc.)

For Treasurer’s Use

Approved by _____

Paid Check # _____ Date _____

Accounts _____

Suggested Questionnaire for Future Seminars

Please complete this sheet with helpful suggestions for preparing for Seminar ‘__’. You need not give your name unless you wish. Use reverse side if additional space is needed.

1. What city are you from?
2. How did you travel to seminar?
3. Did you pre-register for seminar at last year’s seminar? Or did you pre-register after seeing the classes on the region web site?

Were you satisfied with the registration form you completed to select your classes? Any improvements you’d suggest?

5. Did you get one of your preferred class choices?
6. Did you have any difficulties with your seminar registration? If so, what were they?
7. Did you have any difficulties with the hotel? If so, what were they?
8. Did you shop the boutique/bookstore? If so, approximately how much did you spend?
9. For future classes, what techniques or teachers would you like?
10. Did you participate in Prospectors? Was this your first time?
10. Any other suggestions that you think would be of help to us in planning for the next seminar would be appreciated. Thank you for taking time to fill out this questionnaire.

Sample of **Participants' Class Evaluation**

Angels: Please distribute this form in class. Return completed forms to __angel chairman__.

Teacher: _____

Class Title: _____

1. Was the class as you expected from the description in the brochure?
2. Did you receive adequate information from your teacher before the seminar?
3. If your class included a kit, were the materials furnished adequate in amount and of good quality?
4. Were written instructions understandable, and adequate so that you can complete the project at home?
5. Was the teacher's presentation organized and were verbal instructions clear and understandable?
6. Was individual help available when needed?
7. Did you feel the classroom instruction was organized to fit the amount of time available?
8. Would you recommend this teacher?
9. Would you take another class from this teacher? Yes or No (If no, please explain)
10. Did the classroom provide sufficient workspace and good lighting?

Other comments:

A. Seminar Committee Chairman Report

Complete this form and submit 2 copies to the seminar chairman postmarked on or before _____ (within 60 days after the close of seminar). Enclose a copy of any printed matter that was used as part of your job including a copy of your job description, dated and initialed as each job was completed. Add any suggestions for future seminars, as well as what your job entailed and how you handled it. The seminar chairman will compile these reports and forward one to the region seminar coordinator.

Seminar Committee Assignment:

Chairman's Name:

Job Description: Outline responsibilities if different from those contained in the RMR Seminar Guidelines.

Expenses:

Procedure followed: (Include timeline and man hours involved)

Recommendations to improve or make the job easier:

B. Seminar Chairman Report

Prepare an overview report of the seminar based on your view of every activity or committee duty, plus your responsibilities. Include your job description, outlining your responsibilities if different from that contained in RMR Seminar Guidelines. This report, including complete financial report and check are due to the appropriate people (RMR Polices, Section I, -M & -N) within 120 days of the close of seminar.

Expenses:

Procedure followed:

Recommendations:

C. Seminar Summary Report (page 2)

16. Number of volunteer hours (estimate) put in by everyone: _____

17. Amount and types of items donated and from whom (i.e. goods for door prizes, favors, etc.):

