

NAME:	DEPARTMENT:
COURSE NAME:	LOCATION:

COST BREAKDOWN	
TOTAL COST OF COURSE, INCLUDING TAXES.	
FLIGHT DATES, AIRLINE & TOTAL COST OF	
FLIGHT (IF APPLICABLE) INCLUDING TAXES.	
NAME, ADDRESS AND TOTAL COST OF	
ACCOMODATIONS (IF APPLICABLE)	
INCLUDING TAXES.	
ESTIMATED TOTAL TRANSPORTATION	
COSTS WHILE ON LOCATION.	
TOTAL PER DIEM AMOUNT (\$70/Day, which	
is taken from Article 13.06 in the IATSE 856	
Collective Agreement).	
TOTAL AMOUNT	

PLEASE USE THE BACK OF THIS DOCUMENT TO DETAIL WHY YOU WOULD LIKE TO ATTEND THIS COURSE AND THE BENEFIT IT WILL HAVE FOR YOU IN YOUR CURRENT DEPARTMENT.