# Proposal to Host the ASCILITE Conference

It is proposed that the <year> ASCILITE Conference be held at <venue> <institution> in <city>.

A Conference Proposal Committee has been formed and comprises the following members:

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| --- | --- | --- | --- |
| Full Name & Title | Affiliation | Signed | ASCILITE Member (Yes/No) |
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*Note: ASCILITE conferences are usually scheduled from the last Sunday in November or the first Sunday in December to the afternoon of the following Wednesday depending on the calendar for that year. Conference dates should be identified using this as a guide.*

What are the proposed dates for the conference?

Describe the experience/expertise of the committee members in terms of event organization.

Describe venue facilities and equipment including ability to cater for 350 - 450 delegates and 5 – 8 parallel paper/practical sessions.

Provide an estimated cost for the proposed venue (if applicable).

Provide an estimated number of delegates and explain why you believe this number to be accurate.

Provide a justification for the conference location and a brief explanation as to why the venue chosen would attract delegates.

Do you anticipate any possible disruptions or issues that could have an impact on the venue or the success of the conference? For example. building work in the vicinity of the venue or competing events around the time of the conference.

Describe the range of accommodation options for delegates.

Describe the technical infrastructure available at the venue. For example, availability of high bandwidth internet to sponsors and delegates, AV support etc.

Describe anticipated institutional support. For example, in-kind venue facilities support.

Describe any additional external support. For example, tourism agencies.

Other Comments.

**APPROVAL**

|  |  |
| --- | --- |
| **Conference Convenor’s Signature:** |  |
| **Date:** |  |

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| **Authorised Institutional Representative’s Signature (e.g. President, DVC, PVC):** |  |
| **Authorised Institutional Representative’s Name:** |  |
| **Authorised Institutional Representative’s Position**  |  |
| **Date:** |  |