

CONFERENCE SUBMISSION FORM

*Office of Student Engagement & Inclusion
Genesee Community College*

Student Group: _____

Advisor(s): _____

Name of Conference/Event: _____

Location: _____

Date(s): _____

Funds Spent: \$ _____

Briefly describe the purpose of this conference/event:

Please describe, in some detail, how and why students benefited from this conference/event:

Do you plan to attend this conference again? Please justify your answer:

E mail completed form to SA@genesee.edu within 14 days of return from the trip