

## DDNC Public Policy Forum

### Attendee Sponsorship Application \*\*\* DUE February 25th \*\*\*

Purpose: It is the intent of the Digestive Disease National Coalition (DDNC) to increase the number of attendees at the Public Policy Forum (PPF) and to attract attendees from Congressional Districts and states that have not previously been represented. In recognition of the expense associated with travel and lodging, the DDNC is instituting a sponsorship program.

Grants of up to \$500 will be made upon completion of the PPF and submission of an expense statement (with appropriate receipts). The grant is to cover only travel and lodging for the attendee (lodging for only the night before and/or the night of the PPF).

Criteria for applicants:

- Sponsorship will not be provided to a DDNC member's representative to the DDNC Board.
- Applicants for sponsorship grants must be associated with a DDNC member organization and be recommended by the DDNC Board member or an officer from the association to be represented.
- Sponsored attendees must participate in all PPF functions, from the beginning of orientation at 1 pm Sunday through the submission of the team's report at the late Monday afternoon debriefing.

**Please complete, and submit to the DDNC office ([griffin@hmcw.org](mailto:griffin@hmcw.org)):**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. The organization you represent: \_\_\_\_\_

3. Have you attended prior PPF events? No \_\_\_\_ / YES \_\_\_\_ (if so, how many? \_\_\_\_)

4. Are you acquainted with your Congressperson or Senator? No \_\_\_\_ / YES \_\_\_\_

Name/s: \_\_\_\_\_

5. Briefly describe your prior lobbying experience at any government level (separate sheet)

6. Recommending member/officer of your organization:

Name & Title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

7. Estimated cost of travel and hotel: \_\_\_\_\_

8. State \_\_\_\_\_