

EVENT PROPOSAL/REQUEST FORM

Please return a completed form at least four weeks prior to the event.
 Student organizations return the form to Student Affairs, room 4100.
 All others return to Kay-Marie Moreno, room 4202.

Date form is being submitted _____
Name of Sponsoring Organization _____
Co-Sponsoring Organization _____
Title of Event/Activity _____

Individual(s) Responsible for Coordinating Event

	Name/Organizational Title	Email	Phone
Event Lead			
Publicity Lead			

Purpose of Event (please circle all that apply) Admissions Alumni Career Services Student Affairs CPE CPE-PLF
 DRT GLI IGCC ILAR GIIC USMEX UCSD
 Private Event Public Event Social Speaker Series Student Event

Type of Event (please circle) Meeting Lecture Conference Panel Reception Meal: B/ L/ D

Date(s) of Event _____

Alternative Date(s) _____

Available IR/PS Locations (capacity) **3201 (96)** **3202 (60)** **Gardner (45)** **Robinson Auditorium (277)**
DCR(20-25) **1201, 1302, 1401 (25)** **RBC Courtyard** **Other** _____

Preferred Location _____

Alternative Location _____

Facility Start/End Times _____

Event Start/End Times _____

Estimated Attendance & Profile _____

Estimated Budget / Index # _____

Does your event include/require:	Yes/No	Details
Outside speaker or performer		Honorarium?
Reserved parking/directional signs		
Alcohol - submit form 2 weeks prior		Permit Needed?
Campus catering		
Off-campus food purchase		
Facilities Management Order		
Travel Coordination Required		

Audio Visual Needs (please circle) Microphone Laptop Photography Projector Audio
 TV Podcast Audio Recording Video Recording Webcast
 Other: _____

Room Set-Up (please circle) Podium Banners Information Table Table for Panelists Backdrop
 Seating Style: _____ Tables for Catering: _____ Extra Chairs: _____
 Other: _____

Publicity Needs (please circle) Flyer Email Distribution Posters Invitations
 Other: _____