# Proposal for a Special Event

**Event Name:**

**Date:**

**Time:**  
Beginning:  
Ending:

**Sponsoring Unit:**

**Event Contact:**

**Contact Email:**  
Contact Phone:

**Contact Address:**

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## Event Details

**Purpose:** example—welcome new faculty, open new building, student/alumni recruitment

**Location Address:**

Indoor or outdoor event?

If outdoor event: What is the plan in case of inclement weather?

**Target Audience:**  
Approximate number of guests:

Is the Dean requested to speak?  
Yes  
No  
Duration of talk/presentation:

Message you expect the Dean to convey:

**Type of Event:** example—reception, dinner with keynote speaker

### Catering and Alcohol:

- Boxed
- Buffet
- Served
- None
- Passed Wine & Beer
- Passed Wine
- Cash Bar
- No Alcohol Served

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## Other Details

### Preferred Invitation:

- Electronic
- Mail
- None needed

Approximate number of invites needed:

Electronic  
Mail

Who will mail invites:  
Department:

Who will provide email list/calling list:

(Email list should be provided in Excel or Word with emails only)

Send date (electronic):  
Date invite should be delivered to client (mail):

RSVP date:

Who will receive RSVPs:  
Special Events Office  
Departmental Office
Additional text needed on invite:

Registration Needed:

☐ Yes    ☐ No    ☐ Web    ☐ Other __________

Name Tags: Will you need the Special Events Office to make name tags or will the department take care of this?

☐ Yes - Special Events Office    ☐ No name tags needed/department will make

Hotel Accommodations Needed: ☐ Yes. Number of rooms: ___________    ☐ No

Parking Needed: ☐ Yes. Where? ___________    ☐ No

(Bagged meters $20/day – advanced reservations)

Tent: ☐ Yes    ☐ No

A/V Requests/Podium:

Total Estimated Event Budget: $ ___________
(Please include all costs, including postage, invitation printing, etc.)

Estimated Income: $ ___________

Income from ticket sales, etc. (Please include a detailed budget if available)

PAYMENT

CFOP(s) # to Charge Event:

<table>
<thead>
<tr>
<th>CFOP 1</th>
<th>CFOP 2</th>
<th>CFOP 3</th>
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DECISION

☐ Approved    ☐ Approved with modifications    ☐ Declined    ☐ Deferred

Justifications:

Additional Instructions/Details:

Signature of Supervising Unit: _________________________ Date: ____________

Signature of ITCS: _________________________ Date: ____________