

PROPOSAL FOR A SPECIAL EVENT



Event Name: _____
Date: _____ Time: Beginning: _____ Ending: _____
Sponsoring Unit: _____
Event Contact: _____
Contact Email: _____ Contact Phone: _____
Contact Address: _____

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

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: _____ Department: _____

(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

OTHER DETAILS, CONTINUED

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:

	C	F	O	P
CFOP 1				
CFOP 2				
CFOP 3				

DECISION

Approved
 Approved with modifications
 Declined
 Deferred

Justifications:

Additional Instructions/Details:

Signature of Supervising Unit: _____ Date: _____

Signature of ITCS: _____ Date: _____