

## Event Planning Form

Please complete and submit this form 14 days prior to a small event; and 30 days prior to a large event.  
 Only complete the sections necessary for your event, but please include all information needed for your event.  
 Forms must be submitted to the **Office of Graduate & Health Professions Student Affairs** (Coal Building 502).

Title:	Date of Event:
Event Planner:	Start Time:
Desired Location:	End Time:
Estimated Number of Participants:	Advisor:

**Please briefly describe event (include purpose and outcome expected – i.e., meeting, dinner, raffle, contest, fundraiser, speaker, formal event, organizational fair, etc...)**

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**Who will be invited to this event?** \_\_\_\_\_

**Services Needed (Check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Transportation          | <input type="checkbox"/> Guest Speaker                  |
| <input type="checkbox"/> Decorations             | <input type="checkbox"/> Catering                       |
| <input type="checkbox"/> Security                | <input type="checkbox"/> Advertising                    |
| <input type="checkbox"/> Tables/Chairs (# _____) | <input type="checkbox"/> Photographer                   |
| <input type="checkbox"/> DJ                      | <input type="checkbox"/> Other (Please describe?) _____ |

**Funding and Approximate Budget:**

- Will funding be provided by a club budget?     YES             NO
- Are you requesting funds from Student Affairs?     YES             NO

Estimated Budget (Please attach descriptions and any quotes from vendors or suppliers)	
Cost of Venue	\$
Food/Catering	\$
Decorations	\$
Music/Entertainment	\$
Gifts	\$
Raffle items	\$
Transportation	\$
Other	\$
<b>TOTAL:</b>	<b>\$</b>

**Do you want an external organization or industry to support this event?**

YES

NO

If "yes," please explain what type of support you are expecting:

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**Do you plan on inviting any leaders of national or industry related organizations?**

YES

NO

If "yes," who?

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**Do you plan on inviting any local, state, or national dignitaries or political leaders?**

YES

NO

If "yes," who?

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**Which members of Administration should be present?**

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**Do you plan on having a guest speaker?**

YES

NO

If "yes," please provide the following information:

Speaker name: \_\_\_\_\_ Speaker title: \_\_\_\_\_

Business/Industry/Organizational Affiliation: \_\_\_\_\_

Special Accommodations needed: \_\_\_\_\_

Subject Speaker will be addressing: \_\_\_\_\_

**Please identify any IT needs for the event:**

Projector & Screens

Special lighting (please describe) \_\_\_\_\_

Audio/Microphones

Podium

Stage

Music

**Signatures:**

Organization Representative: \_\_\_\_\_

Organization Faculty/Staff Advisor: \_\_\_\_\_

**Graduate & Health Professions Student Affairs Use Only**

Graduate & Health Professions Student Affairs: \_\_\_\_\_

Date Reviewed & Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

