

Event Request Form

Policy:

1. Budget requests must be submitted by a Stony Brook SDM student and member of a **registered** school club no later than **three weeks** prior to the date of the planned event. Students are not permitted to request state funds in order to pay for alcohol, gratuity, or tax.
2. All Lunch & Learn presentations **must** remain strictly educational/informative.
3. Vendors may NOT explicitly solicit or sell any of their products/services unless specifically requested to do so.
4. Lunch & Learns must not financially benefit student organizations. Any funds received **must** be used towards purchasing food and refreshments for the Lunch & Learn audience. Refreshments plus any "giveaways" must not exceed \$15.00 per person.
5. All Lunch & Learns (including advertisements), must first be approved by Faculty Advisors *and then* by DSO. All advertisements and/or merchandise must conform to branding policies (URL found at bottom of form)
6. For all vendors/outside speakers, the appropriate co-sponsoring department must review and approve all Lunch & Learns, including advertisement. All outside speakers must provide a biosketch and abstract of presentation.
7. If the vendor/presenter does not wish to follow this policy, the Lunch & Learn application will be declined.
8. Final approval from the Office of Education must be obtained no later than one week prior to the event.
9. Any Stony Brook School of Dental Medicine funded supplies or equipment (AV) borrowed for an event **must** be returned within 12 hours of the event.

Event Information

Section A. Event/Fundraiser Information	Section B. Lunch & Learn Vendor/Speaker Information (if applicable)
Event Name: _____ Date of Event: _____ Time: _____ Location: _____ Expected Number of guests: _____ Sponsoring Club/Organization Name: _____ Organization Advisor: _____ Event Summary: _____ Student Requesting Event: _____ Student Email: _____ Will this event be advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, review branding requirements (attached) and submit with this application</i> Target Audience: (check all that apply) Yr 1 <input type="checkbox"/> Yr 2 <input type="checkbox"/> Yr 3 <input type="checkbox"/> Yr 4 <input type="checkbox"/> Advanced Ed <input type="checkbox"/> Faculty <input type="checkbox"/> Will you be purchasing any supplies or borrowing equipment that will be used for the event? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list supplies/equipment: _____ Will you be selling any items for this event? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list items: _____	PLEASE NOTE: Clubs cannot receive any gifts in value greater than \$15 per person. Gifts include food. Company Name: _____ Contact Name: _____ Presenter Name: _____ Presenter Credentials: _____ Phone: _____ Email: _____ Description of Presentation Content & Format: _____ Maximum Value of Allowable Gift: # of guests x \$15 pp = \$ _____
Section C. Budget Request Information	
I. Are you requesting funds for your event?	
<input type="checkbox"/> Yes (fill out section below) <input type="checkbox"/> No (Skip budget information section)	
<i>Line Item*</i>	<i>Amount Requested</i>
	\$
	\$
	\$
	\$
Total Requested	\$
<i>* Must provide quote with each line item*</i>	
II. Vendors (if applicable; ex. Culinary)	

Approvals Required before Submitting Form

Faculty Advisor Approval Event Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No Biosketch and Abstract Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Advertisement Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Print Name: _____ Signature/Date: _____	Director of Communications Approval Merchandise Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Advertisement Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Print Name: _____ Signature/Date: _____
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DSO USE ONLY	OFFICE OF EDUCATION USE ONLY
<i>Event Approval</i>	
Event Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No Advertisement and/or Merchandise Review: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Event Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No Advertisement Approval <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Merchandise Approval <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Budget Approval</i>	
Total Requested Amount: _____ Amount Allocated: _____ Comments: _____ Date of Budget Update: _____ Print Name: _____ Signature/Date: _____	Comments: _____ Print Name: _____ Signature/Date: _____