## OKLAHOMA STATE UNIVERSITY - OKLAHOMA CITY CAMPUS EVENT and SPONSORSHIP Form

For all Department/Club Events outside of regular meetings, please fill out this form. Please email completed form to <a href="mailto:Bonnie.Skaggs@okstate.edu">Bonnie.Skaggs@okstate.edu</a> or <a href="mailto:Phung.Yip@okstate.edu">Phung.Yip@okstate.edu</a>.

EVENT INFORMATION:			
Name of Event (No Abbreviations or Acrony	ms):		
Purpose of Event:			
Date/s and Time/s of Event:			
Requested location of proposed event: (Sponsorship consideration is determined by type of space, date, time and other potential activity for requested space.)			
ORGANIZATION/CLUB CONTACT INFO	RMATION:		
Organization/Club Name (No Abbreviations	or Acronyms):		
Address:			
City:	State:	Zip:	
<b>Event Contact Person:</b>			
E-mail Address:		Phone #:	
WHO WILL BE ATTENDING:			
OSU-OKC  Faculty  Staff Studen	nts		
<ul> <li>□ Public Only, please provide detail of those that could be in attendance. (i.e. State or Gov entitiesetc.)</li> <li>□ Non-Profit group</li> <li>□ For-Profit Group</li> </ul>			
☐ Both (Estimate OSU-OKC attendees)			
Are you charging for the event:   YES	□NO		

ADDITIONAL NEEDS:		
Will you be providing food or beverage: ☐ YES ☐ NO		
OSU-OKC has an exclusive contract with ATG for campus catering. All food and beverages must be purchased through them. See How to Order Catering for Your Event   Oklahoma State University-Oklahoma City (osuokc.edu).		
Will you be grilling: ☐ YES ☐ NO (If Yes, a separate hot permit must be submitted to OSU-OKC Security as well)		
Will media be involved: ☐ YES ☐ NO Audio visual needs: ☐ YES ☐ NO If yes, please describe:		
What type of setup are you looking for? Please circle one: Banquet, Classroom, Clear Room, Theater, In-service, U-shape, Hollow Square or Other: (special set-up requests must be submitted to the Campus Events office at least 1 week prior to event)		
Other needs: (Vendor tables-up to 15, chairs, podium, stage, electrical, etc):		
SPONSORSHIP INFORMATION: FOR OSU-OKC DEPARTMENTS ONLY		
Sponsoring department must have an active role and/or must be an attendee  Type of sponsorships requested:   100% sponsored   50% sponsored   Other  If Other list terms:		
Sponsoring Department:		
OSU – Oklahoma City Contact Person: Ext.		
What is the relationship with the organization?		
What are the benefits of having the organization on campus?		
If Sponsoring Department is paying for room rental, please list fund number:		
Role of Contact Person in the Event:		
(Must have an active role and/or must be an attendee)		

## **CAMPUS EVENTS STAFF ONLY:**

LIST OF ESTIMATED SPONSORSHIP RESOURCE	S
List of Facilities/Rooms Requested:	
Will you need marketing support? IE, creating promo items or	
100% Sponsored, must be approved by a VP	\$
50% Sponsored	\$
Other	\$
List total amount of sponsorship	\$

Approval Signatures	
Dean/Director Authorization Signature:	Date:
Vice President or Provost Authorization Signature:	Date: