OKLAHOMA STATE UNIVERSITY - OKLAHOMA CITY REQUEST FOR SPONSORSHIP

This form is to be completed in full by Department requesting sponsorship. Please email completed form to <u>Bonnie.Skaggs@okstate.edu</u> or <u>Phung.Yip@okstate.edu</u>.

EVENT INFORMATION:				
Name of Event (No Abbreviations or Acronyr	ns):			
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 CONTACT INFORMATION:				
Organization Name (No Abbreviations or Acronyms):				
Address:				
City:	State:	Zip:		
Organization Event Contact Person:				
E-mail Address:	Pho	one #:		
WHO WILL BE ATTENDING:				
OSU-OKC 🗌 Faculty 🗌 Staff 🗌 Student	ts			
 Public Only, please provide detail of those that could be in attendance. (i.e. State or Gov entitiesetc.) Non-Profit group For-Profit Group 				
Both (Estimate OSU-OKC attendees)				
Catering needed for event OSU-OKC has an exclusive contract with ATG for campus catering. All food and beverages must be purchased through them. See <u>How to Order Catering for Your Event</u> Oklahoma State University-Oklahoma City (osuokc.edu).				

SPONSORSHIP INFORMATION: Sponsoring department must have an active role and/or must be an attendee			
Type of sponsorships requested: 100% sponsored 50% sponsore If Other list terms:	d 🗌 Other		
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)			
Briefly, state the purpose of the event?			

CAMPUS EVENTS STAFF ONLY:

LIST OF ESTIMATED SPONSORSHIP RESOURCES			
List of Facilities/Rooms Requested:			
100% Sponsored, must be approved by a VP	\$		
50% Sponsored	\$		
Other	\$		
List total amount of sponsorship	\$		

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