



STUDENT EVENT REQUEST FORM

EVENT NAME \_\_\_\_\_  
 EVENT DAY \_\_\_\_\_ DATE \_\_\_\_\_  
 EVENT LOCATION \_\_\_\_\_  
 EVENT TIME from \_\_\_\_\_ to \_\_\_\_\_  
 GROUP NAME \_\_\_\_\_  
 CONTACT \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

Have you tentatively held, pending approval of event, space with Administrative Services  Yes  No  
 If yes, please indicate space/room tentatively reserved \_\_\_\_\_

NATURE OF EVENT

- Symposia
- Meeting
- Workshop/Training/Seminar
- Fundraiser (please fill out fundraising section below)
- Guest Speaker
- Social Event / Reception
- Other \_\_\_\_\_

FUNDRAISING EVENTS ONLY (please complete the enclosed questions)

WILL THERE BE DIRECT SOLICITATION OF FUNDS?  Yes  No

IF YES, WHAT METHODS WILL BE USED FOR THE DIRECT SOLICITATION? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FROM WHOM WILL THE FUNDS BE SOLICITED? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATES OF SOLICITATIONS \_\_\_\_\_

FOR WHAT PURPOSE ARE FUNDS BEING RAISED? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EVENT TOPIC \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ANTICIPATED GUEST / SPEAKERS

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_

IS THE EVENT

- Open to the public?
- An Albany Law School function only?
- Invitation only?

Expected number of attendees: \_\_\_\_\_

*PLEASE NOTE: if attendance is expected to be over 100, additional UHA security must be hired at the student organization's expense.*

WOULD YOU LIKE THE EVENT POSTED TO THE LAW SCHOOL CALENDAR?  Yes  No

WILL A FEE BE CHARGED?  Yes  No If yes, amount charged \_\_\_\_\_

WILL THE EVENT BE PUBLISHED?  Yes  No

WILL FOOD BE SERVED?  Yes  No

WILL ALCOHOL BE SERVED?  Yes  No

HAS AN ALCOHOL FORM BEEN FILLED OUT?  Yes  No

WILL PHOTOGRAPHS BE TAKEN?  Yes  No

DO YOU NEED AUDIOVISUAL OR COMPUTER EQUIPMENT?  Yes  No

<http://intra.albanylaw.edu> select AV REQUEST FORM and complete it online to make arrangements)

ARE YOU INVITING PRESIDENT AND DEAN GUERNSEY?  Yes  No

Please list all other events scheduled for the date requested. (If scheduling a conflict exists, Dean Feather's approval will be required as well.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
Andrea Irizarry Brown, Academic and Student Affairs Coordinator

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
Susan J. Feathers, Assistant Dean for Student Affairs

**Return completed form to Andrea Irizarry Brown, room 203**