

OU College of Dentistry Event Request

COMPLETED FORM IS DUE AT LEAST TEN (10) BUSINESS DAYS BEFORE INTENDED EVENT*

ORGANIZATION: _____

ACTIVITY/EVENT: _____

TYPE OF EVENT:

Lecture _____ Hands-On/Participation _____ Social _____

EVENT COORDINATOR: _____

PHONE: _____ EMAIL: _____

REQUESTED DATE and TIME of EVENT: _____

ESTIMATED # ATTENDING: _____

For Student Organizations Only:

*Attach a list of names if 10 or fewer attendees

____ Inside ____ Outside ____ SGA

REQUESTED ON-SITE LOCATION(S):

ROOM (Capacity)	DATE	START TIME	END TIME	NAME OF ON-SITE CONTACT
Commons				
104 - (82)				
108 - (82)				
159 - (30)				
161 - (63)				
163 - (30)				
540 - (60)				
Pre-Clinic Lab (Room 433)				
Robertson Clinic				
OMS Clinic				

PROPOSED OFF-SITE LOCATION(S):

LOCATION	DATE	START TIME	END TIME	NAME OF OFF-SITE CONTACT

WILL ALCOHOL BE SERVED? Y OR N

*Alcohol service is required to end 30 minutes prior to the conclusion of the event.

*For on campus events, only 3.2 beer and/or wine can be served.

*Student advisor must be present during entirety of event on campus & on call for events off campus.

IS YOUR ORGANIZATION GOING TO PROVIDE FOOD? Y OR N

DATE	START TIME	END TIME	CATERER/VENDOR

* If using a vendor, you must attach an agenda or meeting purpose. Also attach a catering license/permit if applicable (ex. food trucks)

DO YOU NEED THE FRONT DOORS OPEN? Y OR N (if on evenings and weekends)

IF YES, FROM WHAT TIME TO WHAT TIME _____

FRONT DOOR MONITOR _____

DO YOU NEED AUDIOVISUAL/COMPUTER TECHNICIAN? Y OR N

DO YOU NEED AUDIOVISUAL/COMPUTER EQUIPMENT? Y OR N

Microphone _____ Speakers _____ Distance _____ Other _____

SIGNATURES. (MANDATORY)

Event Coordinator's Signature: _____ Date: _____

Faculty Advisor (if applicable): _____ Date: _____

Ellen Ware _____ Date: _____

*signature required for student organizations using inside accounts

Dean's Office Approval: _____ Date: _____

*Please submit form to Lindsay Burgan or Kim Kelley in the Dean's Office. They will reserve your space based on this form and availability.

*For expenditures for student sponsored events over \$5000, 6 weeks of processing time is required.

*Receipts for reimbursement and invoices should be submitted to:

Ellen Ware | Business Manager

DCSB 321

ellenware@ouhsc.edu | 405-271-5363