**OU College of Dentistry**

**Event Request**

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

ORGANIZATION/DEPARTMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 OFON-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 (mandatory\*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Required for student/student organization events

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