

CNU Event and Fundraising Form

****All forms must be completed, signed, and approved 14 days prior to each event****

College of Health Sciences College of Medicine College of Pharmacy

Organization: _____

Event: _____

Date(s): _____ Room Reserved: _____ Receptionist Approval: _____

Time: _____ Estimated hours of event: _____

Address (or indicate which CNU Campus location): _____

Nature of Event:

Professional Meeting Educational / Speaker Class Project Fundraising Social Event

Community Service Service Learning Other: _____

Goals of the Event: _____

If fundraising, how will funds raised be used to benefit your organization? _____

Will your organization be utilizing CNU funds for this event? Yes No

Will you be requesting checks from your SIG account? Yes No Amount Requested: _____

What are the plans for event advertising and debriefing? _____

Will you be using/need (mark all that apply): Outside Food Event Center Furniture Set-Up Janitorial Clean Up

Describe: _____

Event Contacts:

Primary Contact: _____ President: _____

Phone Number: _____ Phone Number: _____

Email: _____ Email: _____

Signature: _____ Signature: _____

List names and contact information of all other people involved in managing this event:

	Name and Title	Contact Information
Local/State/National Organization		
Advisor/Preceptor/Faculty Member		

Advisor's Signature: _____ **Date:** _____ Email Approval Attached

Please submit completed form with all supporting documents to Dr. Darilyn Falck.

Office of Student Affairs Use Only:

Event Approved: _____ **Event Denied:** _____ **Signature:** _____ **Date:** _____

For use of Event Center or both classrooms, approval by University Operations is mandatory:

Event Approved: _____ **Event Denied:** _____ **Signature:** _____ **Date:** _____

