Stony Brook School of Dental Medicine

2026-2027 SDM EVENT REQUEST FORM

SECTION A. Event Information

Type of Event:

☐ Fundraiser | Will the event have sponsors? ☐ Yes ☐ No

If yes, approval from the Director of Development and Director of Communications is required before submission

☐ Enrichment Seminar | ☐ Internal Speaker or ☐ External Speaker

For all events with internal/external speakers, please complete Section B including Division Director or Department Chair signature

☐ General Meeting ☐ Outreach | ***STOP! Please contact the Associate Dean of Clinic Operations and Patient Care for all outreach events***

Event Name:_____ **Club/Organization:**_____

Student Requesting Event:_____ **Date of Event:** _____ **Location:**_____

Start Time:_____ **End Time:** _____ **Expected Number of Guests:** _____

Event Summary:_____

_____

_____

Do you want to advertise this event: *Display Screens*? ☐ Yes ☐ No | *Email?* ☐ Yes ☐ No

Please email drafts of graphic for display screen/email to Director of Student Services. Upon approval, graphic/email will be sent to the Director of Communications to be displayed/sent out.

Will you be borrowing equipment from the Office of Education that will be used for the event? ☐ Yes ☐ No

If so, please list supplies/equipment: _____

Will you be selling any items for this event? ☐ Yes ☐ No

If so, please list supplies/equipment:_____

Will there be food at this event? ☐ **Yes** (If yes, please select option below) ☐ **No**

☐ On Campus Catering ☐ Off Campus Catering ☐ Home Prepared ☐ Prepackaged snacks

SECTION B. Enrichment Seminar/Speaker Information (if applicable)

Company:_____ **Contact Name:**_____

Presenter Name:_____ **Presenter Credentials:**_____

Phone Number:_____ **Email:**_____

Please attach bio sketch, abstract, and presentation to obtain approval

SECTION C. Budget Request Information

Are you requesting funds for your event? ☐ **Yes** (Fill out section below) ☐ **No** (Skip budget information section)

Payment Method | ☐ Check generated ahead of event ☐ Reimbursement **Total Amount Requested: $**_____

*Itemized Breakdown**	*Amount*	*Itemized Breakdown (cont.)*	*Amount*
	$		$
	$		$
	$		$

** Must provide quotes/receipts for all budget requests*

SECTION D. SIGNATURES REQUIRED BEFORE SUBMITTING

I have reviewed bio sketch, abstract, and presentation

Faculty Advisor Name Signature:_____ Date_____

Division Director/Dept Chair Name/Signature: _____ Date_____

Director of Communications *(only if advertising)* Signature: _____ Date_____

EMAIL COMPLETED FORM AND SUPPORTING DOCUMENTS TO DSO@STONYBROOKMEDICINE.EDU AND DANIELLA.ZAJAC@STONYBROOKMEDICINE.EDU

SECTION E. APPROVAL SECTION

Event Approval: **DSO |** ☐ Yes ☐ No **DSO Signature/Date:** _____

OOE | ☐ Yes ☐ No **OOE Signature/Date:** _____

Room Reserved: ☐ Yes ☐ No ☐ N/A **Food Ordered:** ☐ Yes ☐ No ☐ N/A **Interest Form Attached:** ☐ Yes ☐ No ☐ N/A

Budget Approval: **Amount Approved $**_____ **DSO Signature/Date:** _____

SECTION F. REQUIRED AFTER APPROVAL

Once your event is approved, you must submit the event request form on the **SB Engaged** platform ***and*** you must track attendance at the event using the student engagement platform. Frequently asked questions regarding SB Engaged can be found here.

Still have questions? Email Daniella.zajac@stonybrookmedicine.edu