

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: _____

Date of Event: _____ Start Time: _____ End Time: _____

Location: _____ 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)

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. Additional information on navigating SB Engaged can be found [here](#).

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