Stony Brook
School *of* Dental Medicine

Event Request Form
Once completed, please email form and all supporting documents to DSO@stonybrookmedicine.edu

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Section A. *Event Information*

TYPE OF EVENT:

☐ Fundraiser | Will the event have sponsors? ☐ Yes ☐ No
  If yes, the following is required before submission:
    • *Approval from Director of Development and Director of Communications*

☐ Enrichment Seminar (External Speaker)
  *For all events with external speakers, please complete Section B **including Division Director signature.***

☐ General Meeting

☐ Outreach | *STOP! Please contact the Associate Dean of Clinic Operations as they oversee all Outreach events.*

Event Name: _____

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

Location: _____

Expected Number of Guests: _____

Club/Organization Name: _____

Student Requesting Event: _____

Student Email: _____

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 Marketing to be displayed/sent out.

Target Audience: (check all that apply)
D1 ☐ D2 ☐ D3 ☐ D4 ☐ Advanced Ed ☐ Faculty ☐

Will you be purchasing any supplies or borrowing equipment 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 items: _____
_____

Section B. *Enrichment Seminar/ External Speaker Information*

Company Name: _____
Contact Name: _____
Presenter Name: _____
Presenter Credentials: _____
BIO SKETCH & ABSTRACT MUST BE ATTACHED!
Phone: _____ Email: _____
Description of Presentation Content & Format: _____
_____

Division Director Name: _____
Division Director Signature: _____

Section C. *Budget Request Information*

I. Are you requesting funds for your event?
☐ Yes (fill out section below) ☐ No (Skip budget information section)

Vendor(s)	Line Item*	Amt Requested
		$
		$
		$
		$
		$
Total Requested		$
* Must provide quote with each line item*		

Approvals Required *before* Submitting Form

Faculty Advisor Name: _____
Faculty Advisor Signature/Date: _____

DSO USE ONLY	**OFFICE OF EDUCATION USE ONLY**
Event Approval: ☐ Yes ☐ No **Budget Request Approval**: ☐ Yes ☐ No **Approved Amount:** _____ **Print Name:** _____ **Signature/Date:** _____	**Event Approval:** ☐ Yes ☐ No **Room Reserved?** ☐ Yes ☐ No ☐ N/A **Food Ordered?** ☐ Yes ☐ No ☐ N/A **Print Name:** _____ **Signature/Date:** _____ **Visitor Info provided (if applicable)** ☐ Yes ☐ No ☐ N/A

Stony Brook Branding Policy: https://www.stonybrook.edu/sbu-brand/
Tax Exempt Form: https://www.stonybrook.edu/commcms/foundation/resources/_pdfs/Tax%20Exempt%20Certificate%2012%202018.pdf
Stony Brook Catering Site: https://www.stonybrook.edu/commcms/dining/_pdf/CATERING_GUIDE-Sep8-2023_v12.pdf

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