

APPLICATION FOR CO-SPONSORSHIP

Title of Event _____

Date _____ Start Time _____ am/pm End Time _____ am/pm

Attendance _____ Location _____

Description of Program _____

Names of Presenters _____

Off-Campus Sponsor _____

Represented by _____

Phone # _____

On-Campus Sponsor (Department) _____

Phone # _____

On-Campus contact person responsible for making all arrangements with
Campus Scheduling and Catering

University POETS Code for Billing _____

Members of your department who will be active participants in this program

How do you propose to advertise this event to students, faculty and
administrators of the University? _____

A co-sponsored event will be open to all members of the University community (i.e. students, faculty and staff). How will interested parties be admitted? _____

How many students do you anticipate in attendance at this program? _____

What, if any, profit do you estimate the organization will receive from this event? _____

I have read the above of the program description of the program and approve co-sponsorship by the University.

Approved by:

Dean or Director

Director of Special Events

Return completed form to UC 210.