

Event Request Form

This form is to be used when hosting an event through the Office of Student Affairs. Please complete the form in its entirety and send to emurphy72@siumed.edu at least 30 days prior to your event date.

Please note that without receipt of approved form, no action should be taken to further this event. We will need to help with this process to ensure SIU School of Medicine procedure is followed.

Group hosting event: _____

Group Contact Person: _____ Email: _____

Name of event: _____ Who the event benefits: _____

Date: _____ Time: _____

Location: _____

Vendor Contacts:

Name: _____ Number/Email: _____

Name: _____ Number/Email: _____

Name: _____ Number/Email: _____

Total maximum estimated costs: _____

Will there be any alcohol: Yes No

What will your group do if you go over budget:

Explain the logistics at this point in time:

How do you plan to share this event: _____

Who is being invited to this event: _____

Office Use:

The Office of Student Affairs _____ approves _____ denies this event. The total amount allotted is \$_____. Any money spent over this dollar amount will not be covered by our office and the responsibility falls on the group hosting the event. Amendments will be considered on a case by case scenario.

Associate Dean for Student Affairs and Admissions

Director of Financial Aid