**Co-Sponsorship Event Request Form**

Any external organization/company wanting to host an event on URMC/CEL property must have Co-Sponsorship agreement with a UR/URMC department. This form must be submited to the URMC Center

for Experiential Learing at Daniela\_Elliott@URMC.Rochester.edu, for approval,

prior to reserving an event space/date**.**

|  |  |
| --- | --- |
| **External Organization:** |  |
| **Contact Name** |  |
| **Contact Title:** |  |
| **Email:**  |  | **Phone**: |  |

|  |  |
| --- | --- |
| **URMC Department:** |  |
| **Faculty/Staff Contact Name:** |  |
| **Email:**  |  | **Phone**: |  |

|  |  |
| --- | --- |
| **Event Name:** |  |
| **Date:** |  |
| **Start Time:** |  | **End Time:** |  |
| **Location(s) Requested:** |  |
| **Approx. URMC Attendees:** |  | **Approx. External Attendees:** |  |

|  |  |
| --- | --- |
| **Has the URMC department co-sponsored this event in the past? If yes, when?** |  |
| **Please describe the nature of the event and of the department’s involvement:** |  |
| **Is this an exhibitor/vendor show?** **If yes, please provide a list of exhibitors/vendors:** |  |
| **How does this event align with the URMC department’s mission/goals?** |  |

**Select all that will apply:**

[ ]  Food/Beverages [ ]  Tickets to be sold? [ ]  Parking needed?

[ ]  Media/Press Invovled? [ ]  Merchandise to be sold? [ ]  Minors will be attending?

**Required documents to be submitted along with the External Client Event Request Form:**

1. Event Agenda
2. Facility Use Agreement Form (attached)
3. Insurance Requirment Document (attached)

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**Approval Decision:**

**CEL Internal Events Coordinator (type name):**

[ ]  Approved [ ]  Denied

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Signature Date

**Director of Operations, Center for Experiential Learning (type name):**

[ ]  Approved [ ]  Denied

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Signature Date