

# Event Approval Form for Student Organizations

Form must be submitted and reviewed at least 2 weeks prior to event date in Student Life, OEPE Room D323. After submission of the form, you will be sent an email to confirm the status of the event.

## 1. Fill out completely

Name of Organization: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Officer Name/Title: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization Advisor Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Event Description: \_\_\_\_\_

Is this group a registered student organization?  No  Yes

## 2. Facility

On UW Campus

On UWSOD Campus

Classroom \_\_\_\_\_ (submitted, approved)

Open Space \_\_\_\_\_ (submitted, approved)

Other \_\_\_\_\_ (submitted, approved)

Open Space \_\_\_\_\_ (submitted, approved)

## 3. Logistics

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Event is open to:  Students & Volunteers  Community Organization  Public/Anyone

## 4. Volunteers

Will you be recruiting student volunteers?  No  Yes

Is event a fundraiser? For? \_\_\_\_\_  No  Yes

Will your volunteers/students need special training?  No  Yes

Will commercial product be represented, promoted or sold?  No  Yes

If yes, what? \_\_\_\_\_

Is event being co-sponsored by another on-campus organization?  No  Yes

Explain: \_\_\_\_\_

Is event sponsored or promoted by a non-university organization?  No  Yes

Explain: \_\_\_\_\_

Is alcohol involved in this event?  No  Yes

If Yes please visit this website and complete accordingly. <http://depts.washington.edu/eventfrm/banquet>

Is this event considered community service?  No  Yes

### Food

Will food or beverage be served or sold at the event? (circle one)  No  Yes

If yes what? \_\_\_\_\_

Indicate if you are using (Commercial Product or  Outside Vendor)

and from where: \_\_\_\_\_

Will food or beverage be prepared and/or cooked on site (Ex: BBQ)?  No  Yes

**Clinical Services** - Will there be clinical services involved?  No  Yes

If no, Please sign below and submit at this time.

If yes, continue with the shaded area at this time::

### Clinical Services

1. Type of Service

2. Preceptor Name

3. Preceptor Signature

4. Affiliation Agreement

No  Yes

Date of Expiration

5. Course #

6. Have you completed online exposure protocol component?

No  Yes

## 5. Signatures

Contact Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

I, as an authorized officer of the above-mentioned group, agree to abide by the policies of the University of Washington School of Dentistry's Student Code of Conduct as well as the University of Washington's regulations and city, state, and federal laws. I understand that both my Organization and myself may be held responsible for violations of any School of Dentistry and/or University of Washington's policies and city, state, and local laws related to this event.

Organization Advisor Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### INTERNAL USE ONLY

Event Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied

Office of Student Life and Admissions/OEPD Signature: \_\_\_\_\_  Approved  Denied