

# PEPPERDINE UNIVERSITY

ALUMNI ASSOCIATION

## **EVENT PROPOSAL FORM**

(Please submit completed form at least 8 weeks prior to paid event, or 6 weeks prior to nonpaid event)

CHAPTER/REGION: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

CHAPTER BOARD CONTACT(S): \_\_\_\_\_

PROGRAMMING AREA (Choose one):

FELLOWSHIP

COMMUNITY OUTREACH

CAREER CONNECTIONS

STEP FORWARD DAY

OTHER (Please specify) \_\_\_\_\_

EVENT DESCRIPTION (For print): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPEAKERS: \_\_\_\_\_

VENUE: \_\_\_\_\_ VENUE CAPACITY: \_\_\_\_\_

VENUE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

VENUE CONTACT: \_\_\_\_\_ VENUE PHONE: \_\_\_\_\_

PARKING OPTIONS: \_\_\_\_\_

REGISTRATION DEADLINE: \_\_\_\_\_

REVENUE & EXPENSES:

(TOTAL EVENT COST \$ \_\_\_\_\_ - SEED MONEY/SPONSORSHIPS \$ \_\_\_\_\_)

ESTIMATE GUEST # \_\_\_\_\_

= ESTIMATED COST PER GUEST \$ \_\_\_\_\_

### **FOR OFFICE APPROVAL**

ALUMNI CONTACT: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

APPROVED: \_\_\_\_\_