

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: _____