

# Corporate Member Event Request Form

## Requestor's Information

Company: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## Event Information

Event Name: \_\_\_\_\_

Event Point-of-Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Type of Event:      Workshop                      Trade Show                      Seminar / Panel Discussion  
                                 Educational                      Fundraising                      Other: \_\_\_\_\_

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

Purpose of Event: \_\_\_\_\_

Location: \_\_\_\_\_ Expected # of Guests: \_\_\_\_\_

Event Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SOC's Involvement

What involvement is needed from the SOC office (i.e. insurance, marketing, fundraising)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the SOC benefit from this event? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SOC Event Contact Information

SOC Event Chairperson: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## For Office Use Only

Approval: \_\_\_\_\_ Approved Date: \_\_\_\_\_ Approved By: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_