

## 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_