

Michigan State University College of Law
MAJOR EVENT APPROVAL FORM

1. Prior to completing this form, follow the procedures on the Major Event Planning Checklist. Attach a copy of the completed Checklist to this form.
2. After completing this form, the Primary Event Organizer schedules a meeting with the Manager of College Events at least 12 weeks prior to the event.

EVENT INFORMATION

Name/Description of Event: _____

Purpose/Value: _____

Today's Date: _____

Proposed Event Date(s): _____ (check with Manager of College Events)

Primary Event Organizer: Name: _____

 Telephone: _____

 E-mail: _____

Sponsoring Department: _____

Faculty Advisor: _____

Location: On-Campus: _____

 Off-Campus: _____

Number Invited: _____ Number Expected: _____

Final Count will be provided _____ Day(s) Prior to the Event

Time - includes set-up and take-down: Start: _____ am/pm End: _____ am/pm

Actual Event Time: Start: _____ am/pm End: _____ am/pm

Name of Lecturer or Guest Speaker (if applicable): _____

 Topic/Subject: _____

Name of Moderator: _____

Estimated Cost of Event: _____

Source(s) of Funds: _____ Account # _____

Name of Person Approving Funds: _____

PLANNING

Check areas that require assistance from the Events Office:

<input type="checkbox"/> Venue	<input type="checkbox"/> Food/Catering Service	<input type="checkbox"/> Gift Bags
<input type="checkbox"/> Invitations	<input type="checkbox"/> Registration Table	<input type="checkbox"/> Program
<input type="checkbox"/> Name Tags	<input type="checkbox"/> Photographer/Camera	<input type="checkbox"/> Screen
<input type="checkbox"/> Television	<input type="checkbox"/> DVD Player	<input type="checkbox"/> CD Player
<input type="checkbox"/> Podium Microphone	<input type="checkbox"/> Tabletop Microphone	<input type="checkbox"/> Wireless Microphone
<input type="checkbox"/> Lapel Microphone	<input type="checkbox"/> Video Projector	<input type="checkbox"/> Laptop
<input type="checkbox"/> Press Release	<input type="checkbox"/> Post Event Publicity	<input type="checkbox"/> Signage
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Equipment Rental		
Specifically, what is required? _____		

Number of days (maximum 7) to run announcement: _____ Daily _____ Digital Screen _____

ROOM SET-UP

Indicate table/chair setup requested:

Board Room	Atrium	Lobby
Six Tables @66x48	Rented Tables	Four 6 ft. long tables
Six Tables @96x48	<input type="checkbox"/> Banquet/Square Tables	
<input type="checkbox"/> Theater	<input type="checkbox"/> Banquet/Round Tables	
<input type="checkbox"/> Classroom		
<input type="checkbox"/> Horseshoe		
<input type="checkbox"/> Hollow Square		

Number of tables for:	<input type="checkbox"/> Registration	<input type="checkbox"/> Display	<input type="checkbox"/> Head Table	<input type="checkbox"/> Food
Number of chairs for:	<input type="checkbox"/> Registration	<input type="checkbox"/> Display	<input type="checkbox"/> Head Table	<input type="checkbox"/> Seating

SIGNATURES/APPROVALS	Name (printed)	Signature	Date
Primary Event Organizer	_____	_____	_____
Organization President	_____	_____	_____
Responsible Department Head	_____	_____	_____
Manager of College Events	_____	_____	_____
Dean (If cost exceeds \$5,000)	_____	_____	_____