College of Veterinary Medicine
UtahStateUniversity

Event Intent Form

Please reference the Community Partner Relations (CPR) Policy and Campus Visit Guidelines for the use of this form. This form must be submitted at least 3 weeks prior to the proposed event date (4 weeks or more is preferable) for review and approval by the Office of Student Services (OSS). No promotional activity, vendor presence, or club-sponsored event may occur on university property without prior approval.

Please complete all applicable fields related to your event and ensure the form is signed at the end.

Section 1: Basic Event Information

Name of Club Officer/Community Partner/Vendor Rep: _____

Contact information of person filling out this form:

Email: _____ Phone: _____

Name of the Event: _____

Date of Event: _____ *(Note: double bookings with CVM sponsored events are not allowed.)*

Start Time: _____ End Time: _____

Location Requested: First Choice: _____ Second Choice: _____

Anticipated Number of Attendees: _____

Is attendance being limited due to cost or space limitations? ☐ Yes ☐ No

Explain: _____

Section 2: Logistics of the Event (*CVM Hosts are expected to meet their guests at check-in with the Office of Student Services.)*

Materials/supplies to purchase *(Note: All non-perishable/non-food items still in working condition and purchased with institutional funds (i.e. Club or CVM funds) will be returned to the club bins for reuse or turned into the Office of Student Services if no longer wanted or needed to be shared with other clubs):*

Item(s):	Est. Cost:
_____	_____
_____	_____
_____	_____
_____	_____

Estimated total cost: _____

Role of the faculty advisor or unit administrator during the event: _____

_____

Section 3: Community Partner Involvement *(see Community Partner Relations Policy).*

Name of Community Partner: _____

Industry Sector(s): _____

(e.g. hospital or clinic, pet food, pharmaceutical, medical equipment, diagnostic lab, etc.)

Primary Contact Name: _____

Email: _____ Phone: _____

☐ ***Continuing* Education** *(i.e. Mountainlands Conference, CVM Career Fair)*

Sponsorship Type: ☐ Booth ☐ Meal ☐ Other: _____

Are Promotional Items Provided? Type: _____

_____

_____

Est. Cost/Person: $_____

Total sponsorship amount (attach applications as appropriate): $_____

☐ ***Event Sponsorship*** *(Non-CE. See the CPR policy for description and explanations of benefits).*

Event Name: _____

Sponsorship Level (percentage of cost):

☐ Gold (50% or more) ☐ Silver (25-49%) ☐ Bronze (10-24%)

Are Promotional Items Provided? Type: _____

_____

_____

Est. Cost/Person: $_____

Total sponsorship amount (attach applications as appropriate): $_____

☐ ***Educational and Promotional Presentations*** *(Note: Educational presentations are expected to be evidence based and should not promote specific brands or commercial interests during the presentation.)*

Name of professional partner (company name): _____

Presentation Type: ☐ Educational ☐ Promotional

Presentation Title: _____

Presentation Topic: _____

Name of Speaker/Presenter: _____

Is a meal being provided (see CPR Policy max $20 for food/student/event; $100 aggregate food + promo/year)?

Funded by: ☐ Club ☐ Community Partner ☐ CVM

Are Promotional Items Provided? Type: _____

_____

_____

Est. Cost/Person: $_____ or Budget: $_____

☐ ***Sales Visits***

Contact the Dean's Office (435) 797-2515 or the Dep. of Veterinary and Clinical Life Sciences (435) 797-1762.

Section 4: Documentation and Oversight *(please attach supporting documents as needed: PPT slides, support material, etc.).*

Advisor: _____

Name Signature Date

Club President or Community Partner:

_____

Name Signature Date

For Office of Student Services Use

Date Received by Student Services Office: _____

Date of Approval by Student Services Office: _____

Name of Student Services Representative Granting Approval: _____