

ASI Associated Students, Inc.

Funding Request Form

2017-18

"...For the Students, by the Students!"

- Necessary Documents:**
- Event Flyer w/ A.S.I. Logo
 - CSI Event Reg. Form
 - Estimates / Food Permits
 - Event Estimates / Invoices

Contact

Officer Name: _____

Officer Title: _____

Address: _____

City/State/Zip: _____

Phone & Email: _____

Officer Signature: _____

Organization

Club/Organization: National Student Speech Language Hearing Association

Event Title: NSSLHA Presentation

Date(s) of Event: 5/3/18 Semester Fall SPRING

Location of Event: University Student Union - Los Angeles Room

Expected Total Attendance: _____ 80

Expected Attendance of Cal State LA Students: _____ 70

Event Description and Total Cost Breakdown

Briefly describe the event:

The agenda for the last meeting will focus on raising awareness and sharing accounts of individuals with Down Syndrome and Autism Spectrum Disorder.

Is the event open to all Cal State LA students?: Yes

How will this program enhance the Cal State LA experience?:

This meeting is a safe place for all students to ask questions and learn about common communication disorders from a client and clinician perspective.

Hospitality

Description	Amount
15 Pizzas	\$278.66

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount
	\$0.00

Other

Description	Amount

Event Summary

Total Cost of Event: \$278.66

Amount Requested from A.S.I.: \$278.66

Amount from other sources: \$0.00

What other resources are you employing for this event?

For Office Use Only • Do Not Write Below

Important:

- All Funding Request Forms must be turned in by 12 PM Friday, the week before the Funding Sub-Committee Meetings.*
- Additionally, funding request forms must be turned in no less than 10 business days (2 weeks) prior to the event.*
- Deadline for Request for Payment or Purchase Order (RPP) is 15 days after the event.*

All forms must have a Time Stamp and staff initial: '18 FEB 19 PM 2:54:45

STUDENT ORGANIZATION EVENT REGISTRATION FORM



This form must be completed 10 business days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed. No publicity may be distributed or posted online until this form has been submitted for off campus events or until the reservation confirmation process has been completed for on campus events. **Signatures must be completed in blue or black ink.**

NAME OF ORGANIZATION: National Student Speech Language Hearing Association PHONE: _____ DATE: 11/14/17
 EVENT CONTACT NAME: Christina Salm EMAIL: _____
 NAME OF EVENT: NSSLHA - Building Awareness LOCATION: SU - LA Rooms ABC
 EVENT DATE: 10/5/18 BEGIN TIME: 5:30 END TIME: 8:30 ESTIMATED ATTENDANCE: 200

TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)

BENEFITS TO PROCEED EDUCATIONAL PROGRAM SPIRITUAL PROGRAM RECREATIONAL PROGRAM
 DANCE/PARTY SOCIAL PROGRAM COMMUNITY SERVICE CONFERENCE/CONVENTION
 OTHER: _____

WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

SPORTS ACTIVITY OR COMPETITION FOREST/PARK CLEAN-UP INTERNATIONAL TRAVEL
 BEACH CLEAN-UP INDOOR/OUTDOOR COOKING DOMESTIC TRAVEL
 BEACH BONFIRE

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

Information is presented regarding different areas of focus within the field of Speech-Language Pathology. Guest speakers (practicing professionals - SLPs, SLPAs, AuDs) are invited.

WHO IS INVITED (CHECK ALL THAT APPLY):

STUDENT ORG. MEMBERS CAL STATE LA COMMUNITY OTHER COLLEGES & UNIV. GENERAL PUBLIC GUEST LIST

Events intended for the general Cal State LA campus will be listed in the Student Organization Calendar of Events distributed in a bi-weekly email by the Center for Student Involvement. NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.

WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION, PARTICIPATION FEE, OR RAISE ANY PROCEEDS TO BENEFIT THE ORGANIZATION? (If yes, please complete statement regarding proceeds to benefit transactions on the back of this form) NO YES

WILL A MOVIE BE SHOWN? NO YES (If yes, please attach written proof of viewing rights.)

WILL THE EVENT HAVE SECURITY? NO YES If yes, please explain _____

WILL FOOD BE SERVED AT THE EVENT? NO YES
 IF YES, WHO WILL PROVIDE THE FOOD? UNIVERSITY CATERING OTHER: _____
 A completed food permit is required for all on-campus events with food unless the food is provided by University Catering.

WILL ALCOHOL BE PRESENT AT THE EVENT? NO YES. Please attach a completed request to serve alcoholic beverages. (This form may take up to two weeks for review and possible approval.)

WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE? NO YES Initials _____ PLEASE LIST 2 TIPS TRAINED MEMBERS ON PAGE 2.
 If so, please affirm organization members and guests will not consume alcohol.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? NO YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.
 DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? NO YES

Please be aware that student organization events are not covered for liability or other insurance by California State University, Los Angeles or the University-Student Union. Student organization officers or the advisor may be held personally liable. If the student organization would like to purchase Special Event Insurance for a particular event, please contact CSI.

STATEMENT REGARDING PROCEEDS TO BENEFIT TRANSACTIONS

As officers of this recognized student organization at Cal State LA, we affirm that all proceeds raised or assets assigned will be used solely for the benefit of the organization as a whole. Further, it is affirmed that no proceeds or assets of this organizations will accrue to the benefit of any officer, member, or any private person. We also affirm that all proceeds transactions for this event will comply with all University policies and procedures including but not limited to ICSUAM Policy 3141.01 and the Cal State LA Student Organization Funds Administration Policy.

Describe the admission charge, registration, participation fee, or any proceeds that will be raised to benefit the organization. Please include how much the organization will be charging for any of these proceeds.

[Redacted area]

PRESIDENT: Crystal Garcia SIGNATURE: _____ DATE: _____

TREASURER: Lisa Park SIGNATURE: [Signature] DATE: 11/16/17

EVENT GUIDELINES

The following guidelines are provided for the benefit of the student organization. They are intended to be followed completely. Failure to comply with any of the following guidelines may result in disciplinary action taken against the organization including suspension of recognition, events and use of facilities. More information can be found online in the Student Organization Handbook.

- CONDUCT:** The organization assumes full responsibility for the conduct of participants at the event. Any violation of University policy may subject the participants and/or the organization to disciplinary action by the Center for Student Involvement or Student Conduct.
- ALCOHOL:** In accordance with Administrative Procedure 019 - Alcoholic Beverages, any event (on or off campus) that involves the consumption of alcoholic beverages requires authorization from the University. Your organization must complete and submit a Request to Serve Alcoholic Beverages form in addition to this Event Registration Form. Please allow at least 3 weeks for this form to be reviewed by the University. Approved alcohol consumption events and events held where alcohol is available (but will not be consumed) require at least two TiPS certified members to be in attendance of the entire event. Additional guidelines may be enforced.
- PUBLICITY:** All publicity material must have the name of the sponsoring group and the following statement: "The actions and opinions of this organization do not necessarily reflect those of the students, staff, faculty, or administration of Cal State LA."
- GENERAL RELEASE:** If your event will require the use of general release waivers prior to organization member and guest participation, your organization is required to comply with all instructions provided by CSI, including submitting all completed forms and requested documents.

MY SIGNATURE BELOW INDICATES THAT I WILL TAKE RESPONSIBILITY TO ENSURE THAT THE EVENT WHICH MY ORGANIZATION IS SPONSORING WILL FOLLOW ALL GUIDELINES SET FORTH BY THE UNIVERSITY. I ACKNOWLEDGE THAT THIS EVENT AND ANY ASSOCIATED EVENT SPACE RESERVATIONS MAY BE SUBJECT TO CANCELLATION BASED ON MY ORGANIZATION'S RECOGNITION STATUS.

STUDENT ORG. OFFICER'S NAME: Christina Salvi SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY): [Signature] DATE: 11/16/17
 ADVISOR'S NAME: Dr. Erica Ellis SIGNATURE: [Signature] DATE: 11/16/17

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204) SIGNATURE: [Signature] DATE: 11-16-17
 CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY DATE: 11/16/17
 ASSISTANT DEAN OF STUDENTS: WELLNESS & ENGAGEMENT
 GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS? NO YES DATE REQUIRED: _____
 NOTIFICATIONS:
 PUBLIC AFFAIRS DATE: _____ ATHLETICS DATE: _____
 DEPT. OF PUBLIC SAFETY DATE: 11/16/17 FACILITIES USE COORDINATOR DATE: _____

NOTES OR UPDATES:

Information and Event Services
5154 State University Drive
Room 107
Los Angeles CA 90032
323.343.2465 / 323.343.2454

VM JE 11/17

Reservation Confirmation

Sponsor

Christina Savli
National Stu. Speech Language Hearing Assoc.
5154 State University Drive
Los Angeles, CA 90032

Reservation: 11687

Event Name: NSSLHA Presentation
Status: Confirmed
Phone:
Email Address:
Event Contact:
Phone:

Bookings / Details

Quantity

Payment (via cash, check, or purchase order) is required at least ten (10) business days before the event date. Please make checks payable to the University-Student Union at CSULA.

Reservations are tentative until all applicable fees have been paid. Failure to submit payment by the deadline specified above can result in the cancellation of the reservation.

Met with Event Services: _____

Met with Media Services: _____

Food Permit

For events not catered by UAS-Food Services (GEH), an approved Temporary Food Permit is required.

For events catered by UAS-Food Services, please provide a copy of the Banquet Event Order (BEO) provided to you.

Will food be served?

YES

Thursday, May 3, 2018

5:30 PM - 8:30 PM NSSLHA Presentation (Confirmed) U-SU Los Angeles Room ABC - 308ABC

Theater for 200

Room Charge: 1

Event Services:

Los Angeles Room Chairs 200

30 inch Interior Table 3

Event Services Setup Notes:

Sponsor requested (2) tables inside the room & (1) table outside the room

Media Services - Conference:

Multimedia Podium - Los Angeles ABC (MPLB) 1

Laptop Presentation: VGA Video Connection

Laptop Presentation: 3.5 mm Sound Connection

Lectern Microphone: Podium Mic

Laptop Display Adapters: HDMI

Laptop Display Adapters: MAC-Mini DisplayPort

GENERAL STATEMENT AND GUIDELINES

Scheduling of all University-Student Union (U-SU) facilities and equipment is arranged through the Information and Event Services Office.

• All functions scheduled for use in the U-SU are subject to the approval by the Union Executive Director or

Bookings / Details

Quantity

the same group will be approved.

If applicable, an estimate of charges will be printed on the reservation confirmation at the time the reservation is made. Potential charges include the room rental, staff/personnel, extended hours, cleaning, AV equipment and linen fees.

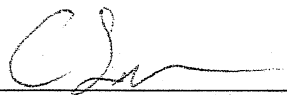
Final charges may be significantly different than the original estimate depending on the scope of the event. *If payment is made by check and the check is not honored, a \$25.00 service charge will be assessed. The original charges and the service fee must then be paid with cash, money order, or cashier's check.*

Cal State LA will be a smoke and tobacco free campus. "Smoke Free" means the use of cigarettes, pipes, cigars, and other "smoke" emanating products including e-cigarettes, vapor devices and other like products are prohibited on all University properties. "Tobacco Free" means the use of cigarettes, pipes, cigars, smokeless tobacco, snuffs, and other tobacco products are prohibited on all University properties.

The policies and procedures of the University- Student Union are hereby incorporated and made part of this agreement. It is the responsibility of the event sponsor to inform the guests and performers of these policies and procedures and ensure compliance.

The vendor/sponsor agrees to indemnify and hold harmless the University-Student Union, the State of California, the Trustee of the California State University, the California State University, Los Angeles, and their officers, agents, employees and volunteers against any and all losses and expenses including attorney's fees and costs or claims for injury or damages by reason of liability imposed or claimed to be imposed by law upon the vendor/sponsor for damage because of bodily injuries, including death at any consequence of the performance of the performance of the terms of this agreement.

Your signature bellow represents acceptance of this agreement. I as a representative of the above the above stated sponsor agree to abide by the policies of the University- Student Union, and all applicable University-Student Union laws and regulations.

Reservation Contact's Signature  Date 11/17/17

C · S · U · L · A

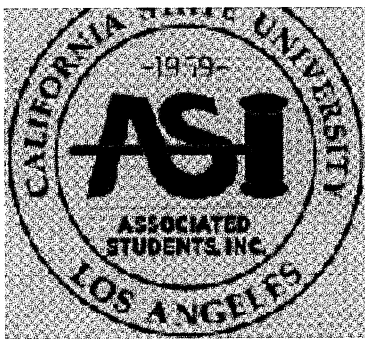
Please join us for our
last meeting of the
semester!



When: May 3, 2018

Where: Los Angeles Room in
USU

Time: 5:30 - 6:30 pm
Check in begins @ 5 pm!



N · S · S · L · H · A



Golden
Eagle
Hospitality

for: Event # E32288
on: Thursday, May 03, 2018

Client/Organization National Student Speech Language and Hearing		Event Date 5/3/2018 (Thu)	Booking Contact Candy Yu	Event # E32288
Address 5154 State University Dr.		City, St/Prov Postal Los Angeles, CA 90032	Booking Tel	Guests 90 (Pln)
Party Name National Student Speech Language and Hearing	Sales Rep Amanda Tapia	Theme	Category	

Venue

Description	Type	Start	End	Banquet Room	Setup Style
		4:45 pm	5:00 pm	Student Union	Delivery

Food & Beverage

Food/Service Items	Unit	Price	Total
Drop off to USU LA Room at 5:00pm			
(90) -Disposables	Each	0.35	31.50
(3) Cheese Pizza (Slice of 12)	Each	10.00	30.00
(2) Vegetarian Pizza (Slice of 12)	Each	14.00	28.00
(6) Pepperoni Pizza (Slice of 12)	Each	12.00	72.00
(4) Pineapple and Ham Pizza (Slice of 12)	Each	14.00	56.00

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	217.50	0.00	0.00	0.00	0.00	0.00	0.00	217.50
Service Charge	36.98	0.00	0.00	0.00	0.00	0.00	0.00	36.98
Taxes	24.18	0.00	0.00	0.00	0.00	0.00	0.00	24.18
Total	278.66	0.00	0.00	0.00	0.00	0.00	0.00	278.66

Subtotal	217.50 Paid	0.00
Tax	24.18 Balance	278.66
Service Charge	36.98	
Total Value	278.66	

Banquet Event Order is invalid unless signed and returned along with a check or purchase order to the Golden Eagle Hospitality Office. Missing catering equipment is the responsibility of the Authorized Signee. A 17% Service Fee and 9.5% Sales Tax will be Charged where applicable. 72 Hours Guest Count Confirmation and Cancellation Notice Needed.

Authorized Signature & Date
(Please sign & date all pages)

Candy Yu 2/13/18