



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: 4/19/18 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 2nd meeting of the year will provide information on voice disorders, augmentative and alternative communication (AAC), cultural and linguistic diversity.

Is the event open to all Cal State LA students?: Yes
How will this program enhance the Cal State LA experience?:
Students will gain insight into communication disorders from client and clinician perspective.

Hospitality

Description	Amount
15 Pizzas	\$238.29

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount
	\$0.00

Other

Description	Amount

Event Summary

Total Cost of Event: \$238.29
Amount Requested from A.S.I.: \$238.29
Amount from other sources: \$0.00
What other resources are you employing for this event?

For Office Use Only • Do Not Write Below

Important:
(1) All Funding Request Forms must be turned in by 12 PM Friday, the week before the Funding Sub-Committee Meetings.
(2) Additionally, funding request forms must be turned in no less than 10 business days (2 weeks) prior to the event.
(3) 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: AM 18 FEB 19 4:54:49

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 Salin EMAIL: _____
 NAME OF EVENT: NSSLHA - Building Awareness LOCATION: SU - LA Rooms ABC
 EVENT DATE: 4/19/18 BEGIN TIME: 7:00 END TIME: 9:30 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.



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
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:

C · S · U · L · A

Please join us for our
2nd meeting of the
semester!



When: April 19, 2018

Where: Los Angeles Room in
USU



Time: 7-8 pm
Check in begins @ 6:30 pm!

N · S · S · L · H · A

Information and Event Services

5154 State University Drive
Room 107
Los Angeles CA 90032
323.343.2465 / 323.343.2454

Reservation Confirmation

Sponsor	Reservation: 11689
Christina Savli	Event Name: NSSLHA Presentation
National Stu. Speech Language Hearing Assoc.	Status: Confirmed
5154 State University Drive	Phone:
Los Angeles , CA 90032	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, April 19, 2018

7:00 PM - 9:30 PM NSSLHA Presentation (Confirmed) U-SU Los Angeles Room ABC - 308ABC

Theater for 200	1
Room Charge:	
Event Services:	
Los Angeles Room Chairs	200
30 inch Interior Table	3
Event Services Setup Notes:	
Sponsor requested (2) tables inside the room and (1) outside	
Media Services - Conference:	
Multimedia Podium - Los Angeles ABC (MPLB)	1
<i>Laptop Presentation: VGA Video Connection</i>	
<i>Laptop Presentation: 3.5 mm Sound Connection</i>	
<i>Lectern Microphone: Podium Mic</i>	
<i>Screen Options: Screens A B C</i>	
<i>Laptop Display Adapters: HDMI</i>	
<i>Laptop Display Adapters: MAC-Mini DisplayPort</i>	

GENERAL STATEMENT AND GUIDELINES

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

Bookings / Details

Quantity

Prior event charges for the U-SU and University facilities must be paid in full before any subsequent facility usage by 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 below 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



Golden
Eagle
Hospitality

for: Event # E32287
on: Thursday, April 19, 2018

Client/Organization National Student Speech Language and Heari		Event Date 4/19/2018 (Thu)	Booking Contact Candy Yu		Event # E32287
Address 5154 State University Dr.			City, St/Prov Postal Los Angeles, CA 90032	Booking Tel	Guests 90 (Pin)
Party Name National Student Speech Language an		Sales Rep Amanda Tapia	Theme		Category

Venue

Description	Type	Start	End	Banquet Room	Setup Style
		6:15 pm	6:30 pm	Student Union	Delivery

Food & Beverage

Food/Service Items	Unit	Price	Total
Drop off to USU LA Room at 6:30pm			
(90) -Disposables	Each		
(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	186.00	0.00	0.00	0.00	0.00	0.00	0.00	186.00
Service Charge	31.62	0.00	0.00	0.00	0.00	0.00	0.00	31.62
Taxes	20.67	0.00	0.00	0.00	0.00	0.00	0.00	20.67
Total	238.29	0.00	0.00	0.00	0.00	0.00	0.00	238.29

Subtotal	186.00	Paid	0.00
Tax	20.67	Balance	238.29
Service Charge	31.62		
Total Value	238.29		

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