

ASI Associated Students, Inc.

Funding Request Form

For the Students, by the Students!™

2018-19

Necessary Documents:

- ☐ Event Flyer w/ ASI 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: I AM PRE-MED
Event Title: UC Davis Pre-Health Conference 2018
Date(s) of Event: 10/5/18-10/7/18 Semester Select One
Location of Event: UC Davis Main Campus FALL
Expected Total Attendance: 4,500
Expected Attendance of Cal State LA Students: 8

Event Description and Total Cost Breakdown

Briefly describe the event:

UC Davis annually hosts the largest pre-health conference in the nation each Fall. Pre-health students attend this conference to participate in health related workshops, mock interviews, guest speaking seminars, medical school tabling, networking opportunities and much more. The goal of this event is to expose CSULA pre-health students to the resources, information and guidance that will ultimately strengthen their application.

Is the event open to all Cal State LA students?: Select One...

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

This program will enhance the Cal State LA experience by improving pre-health students knowledge on how to be competitive applicants. Along with developing a more advanced application, this event will create networking opportunities for students with medical schools, health professionals, and other pre-health students that will greatly influence their journey to a career in medicine.

Hospitality

Description	Amount

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount

Other

Description	Amount
<u>UC Davis Conference Attendance</u>	<u>\$1,958.83</u>

Event Summary

Total Cost of Event: \$1,958.83
Amount Requested from ASI: \$1,371.18
Amount from other sources: \$587.65

What other resources are you employing for this event?

All eight students attending are aware that they will be paying for their portion of the trip (\$245) up-front and out of pocket. All students understand ASI will reimburse 70% of the expenses upon returning from the conference.

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:

COMPLETED



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: I Am Pre-Med PHONE: [REDACTED] DATE: 8/22/18
EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]
NAME OF EVENT: UC Davis Pre-Health Conference LOCATION: Davis, California
EVENT DATE: 10/6/18 BEGIN TIME: 7:00a END TIME: 5:00p ESTIMATED ATTENDANCE: 8

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

<input type="checkbox"/> PROCEEDS TO BENEFIT	<input type="checkbox"/> EDUCATIONAL PROGRAM	<input type="checkbox"/> SPIRITUAL PROGRAM	<input type="checkbox"/> RECREATIONAL PROGRAM
<input type="checkbox"/> DANCE/PARTY	<input type="checkbox"/> SOCIAL PROGRAM	<input type="checkbox"/> COMMUNITY SERVICE	<input checked="" type="checkbox"/> CONFERENCE/CONVENTION
<input type="checkbox"/> OTHER: [REDACTED]	<input type="checkbox"/> SPEAKER/PANEL		

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

<input type="checkbox"/> SPORTS ACTIVITY OR COMPETITION	<input type="checkbox"/> BEACH/FOREST/PARK CLEAN-UP	<input type="checkbox"/> INTERNATIONAL TRAVEL
<input type="checkbox"/> BONFIRE	<input type="checkbox"/> INDOOR/OUTDOOR COOKING	<input checked="" type="checkbox"/> DOMESTIC TRAVEL
<input type="checkbox"/> AMPLIFIED SOUND	<input type="checkbox"/> ANIMALS	

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

I Am PRE-MED members will attend the UC Davis Pre-Health Conference on Saturday, Oct. 6th at the UC Davis campus. Our club advisor, Maite Villareal, will also be traveling with us for this event. Traveling on Friday 10/5 and returning Sunday 10/7.

HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)

<input type="checkbox"/> PRINTED POSTCARDS	<input type="checkbox"/> PRINTED POSTERS/FLIERS	<input checked="" type="checkbox"/> SOCIAL MEDIA: <u>@iampremed.csula</u>	<input type="checkbox"/> OTHER: [REDACTED]
--	---	---	--

WHO WILL BE INVITED? (CHECK ALL THAT APPLY):

<input checked="" type="checkbox"/> STUDENT ORG. MEMBERS	<input type="checkbox"/> CAL STATE LA COMMUNITY	<input type="checkbox"/> OTHER COLLEGES & UNIV.	<input type="checkbox"/> GENERAL PUBLIC	<input type="checkbox"/> 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 FEE, OR RAISE ANY PROCEEDS TO BENEFIT THE ORGAZNIZATION? (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 [REDACTED]

WILL FOOD BE SERVED AT THE EVENT? ☒ NO ☐ YES

IF YES, WHO WILL PROVIDE THE FOOD? ☐ UNIVERSITY CATERING ☐ OTHER: [REDACTED]

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 [REDACTED] PLEASE LIST 2 TIPS and SVPT 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, on 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.

RECEIVED
AUG 22 2018

BY: OM

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.

Admission fees for the conference are \$20 per person. Each student will be individually purchasing their tickets through the UCDans website

PRESIDENT: [REDACTED] SIGNATURE: Courtney Riley DATE: 8/22/18
TREASURER: [REDACTED] SIGNATURE: [REDACTED] DATE: 8/22/18
U-SU STUDENT ORGANIZATION ACCOUNT #: [REDACTED] or ☐ APPROVED EXEMPT STATUS: CSI VERIFICATION ☒

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 and two Sexual Violence Prevention & Resources Trained (SVPT) members to be in attendance of the entire event. Additional guidelines may be enforced.

PUBLICITY: All publicity material must comply with University Administrative Procedures AP P003 and AP P007. All printed marketing to be used for marketing registered events are required to be stamped by CSI prior to their approved posting. Stamps can be obtained after the event has been registered. All printed material may be posted for up to a period of fourteen (14) calendar days. For student organizations, the "POSTING VALID THRU ____" stamp must be clearly visible on the face of the posting.

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 [REDACTED] SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY) Courtney Riley DATE: 8/22/18
ADVISOR'S NAME [REDACTED] SIGNATURE [REDACTED] DATE: 8/22/18

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)

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:

<input type="checkbox"/> PUBLIC AFFAIRS	DATE: _____	<input type="checkbox"/> ATHLETICS	DATE: _____
<input type="checkbox"/> DEPT. OF PUBLIC SAFETY	DATE: _____	<input type="checkbox"/> FACILITIES USE COORDINATOR	DATE: _____
<input type="checkbox"/> OTHER: _____	DATE: _____	<input type="checkbox"/> U-SU BUSINESS OFFICE	DATE: _____

NOTES OR UPDATES: (TiPS-CERTIFIED/SVPT TRAINED MEMBERS, SOCIAL MEDIA SITES/HANDLES, INVITED MEDIA, ADDITIONAL INFORMATION/REQUIREMENTS)

California State University, Los Angeles
CLASS GENERAL RELEASE
(FIELD TRIP/OFF-CAMPUS ACTIVITY/TRANSPORTATION)

NOT AUTHORIZED FOR USE WITH MINORS

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity (include name of professor and course): AM Pre-Med: UC Davis Pre-Health Conference.

Activity Date(s) and Time(s): October 6, 2018 7:00am-5:00pm

Activity Location(s): Davis, California

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, [Los Angeles] and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely (see attached). No other representations concerning the legal effect of this document have been made to me.

ONLY STUDENTS ENROLLED IN THIS COURSE MAY PARTICIPATE

Class Rlse rev. July 2010

California State University, Los Angeles

Field Trip Emergency Information Guidelines Form

The following guidelines are for the collection and retention of emergency information related to a University sponsored field trip. This information shall be retained by the Field Trip Supervisor in-charge of the travel. Additionally, an extra copy shall accompany another State employee and/or University registered volunteer in the event the primary person becomes incapacitated.

The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required – PLEASE PRINT):

- *University Field Trip Supervisor: Maite Villareal
NAME

- *Travel participant's name, home address and phone contact number

- *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.

- Travel participant's parent and/or legal guardian's name and phone number (if different from above).

- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary).
Please list: N/A

- Identification of physical limitations that the travel participant might have (disclosure is voluntary).

- Name and contact information of travel participant's personal physician.

All information shall be maintained as confidential and only released when deemed appropriate based on the circumstances of the disclosure.


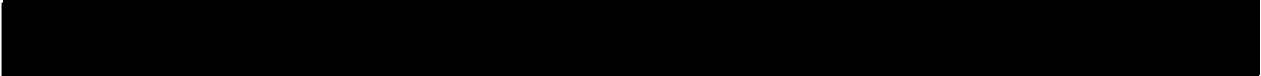
The aforementioned elements are intended to be a guide to Field Trip Supervisors and there may be the need to gather additional information beyond those elements shown above.

California State University, Los Angeles


Field Trip Emergency Information Guidelines Form

The following guidelines are for the collection and retention of emergency information related to a University sponsored field trip. This information shall be retained by the Field Trip Supervisor in-charge of the travel. Additionally, an extra copy shall accompany another State employee and/or University registered volunteer in the event the primary person becomes incapacitated.

The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required – PLEASE PRINT):

- *University Field Trip Supervisor: Maite Villareal
NAME
- *Travel participant's name, home address and phone contact number

- *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.

- Travel participant's parent and/or legal guardian's name and phone number (if different from above).
NAME _____ PHONE NUMBER _____
- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary).
Please list: No

- Identification of physical limitations that the travel participant might have (disclosure is voluntary).
None

- Name and contact information of travel participant's personal physician.


All information shall be maintained as confidential and only released when deemed appropriate based on the circumstances of the disclosure.

The aforementioned elements are intended to be a guide to Field Trip Supervisors and there may be the need to gather additional information beyond those elements shown above.

California State University, Los Angeles

Field Trip Emergency Information Guidelines Form

The following guidelines are for the collection and retention of emergency information related to a University sponsored field trip. This information shall be retained by the Field Trip Supervisor in-charge of the travel. Additionally, an extra copy shall accompany another State employee and/or University registered volunteer in the event the primary person becomes incapacitated.

The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required – PLEASE PRINT):

- *University Field Trip Supervisor: Maite Villareal
NAME
- *Travel participant's name, home address and phone contact number
[REDACTED]
- *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.
[REDACTED]
- Travel participant's parent and/or legal guardian's name and phone number (if different from above) [REDACTED]
NAME PHONE NUMBER
- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary).
Please list: none
- Identification of physical limitations that the travel participant might have (disclosure is voluntary).
none
- Name and contact information of travel participant's personal physician.
none
NAME PHONE NUMBER

All information shall be maintained as confidential and only released when deemed appropriate based on the circumstances of the disclosure.

The aforementioned elements are intended to be a guide to Field Trip Supervisors and there may be the need to gather additional information beyond those elements shown above.

California State University, Los Angeles

Field Trip Emergency Information Guidelines Form

The following guidelines are for the collection and retention of emergency information related to a University sponsored field trip. This information shall be retained by the Field Trip Supervisor in-charge of the travel. Additionally, an extra copy shall accompany another State employee and/or University registered volunteer in the event the primary person becomes incapacitated.

The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required – PLEASE PRINT):

- *University Field Trip Supervisor: Maite Villarea
NAME

- *Travel participant's name, home address and phone contact number.

NAME HOME ADDRESS PHONE NUMBER

- *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.

NAME PHONE NUMBER RELATIONSHIP

- Travel participant's parent and/or legal guardian's name and phone number (if different from above).

NAME PHONE NUMBER

- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: N/A

- Identification of physical limitations that the travel participant might have (disclosure is voluntary).

N/A

- Name and contact information of travel participant's personal physician.

N/A N/A
NAME PHONE NUMBER

All information shall be maintained as confidential and only released when deemed appropriate based on the circumstances of the disclosure.

The aforementioned elements are intended to be a guide to Field Trip Supervisors and there may be the need to gather additional information beyond those elements shown above.

California State University, Los Angeles

Field Trip Emergency Information Guidelines Form

The following guidelines are for the collection and retention of emergency information related to a University sponsored field trip. This information shall be retained by the Field Trip Supervisor in-charge of the travel. Additionally, an extra copy shall accompany another State employee and/or University registered volunteer in the event the primary person becomes incapacitated.

The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required – PLEASE PRINT):

- *University Field Trip Supervisor: Maite Villareal
NAME
- *Travel participant's name, home address and phone contact number
NAME HOME ADDRESS PHONE NUMBER
- *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.
NAME PHONE NUMBER RELATIONSHIP
- Travel participant's parent and/or legal guardian's name and phone number (if different from above).
NAME PHONE NUMBER
- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: Na
- Identification of physical limitations that the travel participant might have (disclosure is voluntary).
Na
- Name and contact information of travel participant's personal physician.
NAME Na PHONE NUMBER

All information shall be maintained as confidential and only released when deemed appropriate based on the circumstances of the disclosure.

The aforementioned elements are intended to be a guide to Field Trip Supervisors and there may be the need to gather additional information beyond those elements shown above.

Field Trip Emergency Information Guidelines Form

The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required – PLEASE PRINT):

- All information shall be maintained as confidential and only released when deemed appropriate based on the circumstances of the disclosure.***


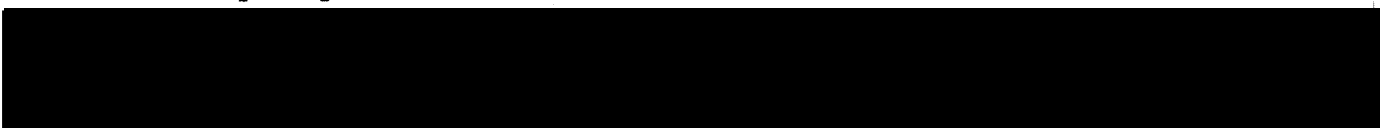
The aforementioned elements are intended to be a guide to Field Trip Supervisors and there may be the need to gather additional information beyond those elements shown above.

California State University, Los Angeles

Field Trip Emergency Information Guidelines Form

The following guidelines are for the collection and retention of emergency information related to a University sponsored field trip. This information shall be retained by the Field Trip Supervisor in-charge of the travel. Additionally, an extra copy shall accompany another State employee and/or University registered volunteer in the event the primary person becomes incapacitated.

The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required – PLEASE PRINT):

- *University Field Trip Supervisor: Maite Villareal
NAME
- *Travel participant's name, home address and phone contact number.

- *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.

- Travel participant's parent and/or legal guardian's name and phone number (if different from above). N/A N/A
NAME PHONE NUMBER
- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary). Please list: N/A

- Identification of physical limitations that the travel participant might have (disclosure is voluntary). N/A

- Name and contact information of travel participant's personal physician.
N/A N/A
NAME PHONE NUMBER

All information shall be maintained as confidential and only released when deemed appropriate based on the circumstances of the disclosure.


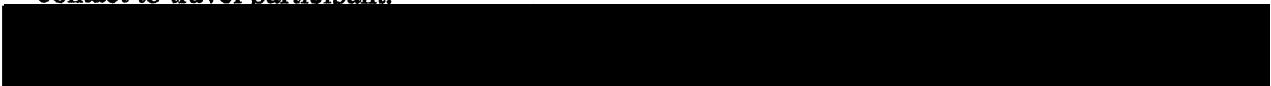
The aforementioned elements are intended to be a guide to Field Trip Supervisors and there may be the need to gather additional information beyond those elements shown above.

California State University, Los Angeles

Field Trip Emergency Information Guidelines Form

The following guidelines are for the collection and retention of emergency information related to a University sponsored field trip. This information shall be retained by the Field Trip Supervisor in-charge of the travel. Additionally, an extra copy shall accompany another State employee and/or University registered volunteer in the event the primary person becomes incapacitated.

The Emergency Information shall contain one or more of the following elements (those indicated by a "*" are required – PLEASE PRINT):

- *University Field Trip Supervisor: Mate Villareal
NAME
- *Travel participant's name, home address and phone contact number

- *Travel participant's emergency contact name and phone number and relationship of this contact to travel participant.


NAME	PHONE NUMBER	RELATIONSHIP
------	--------------	--------------
- Travel participant's parent and/or legal guardian's name and phone number (if different from above).
NAME _____ PHONE NUMBER _____
- Any special medical condition and/or medication that the travel participant might require special assistance with in the event they become incapacitated (disclosure is voluntary).
Please list: n/a
- Identification of physical limitations that the travel participant might have (disclosure is voluntary).
n/a
- Name and contact information of travel participant's personal physician.
NAME n/a PHONE NUMBER _____

All information shall be maintained as confidential and only released when deemed appropriate based on the circumstances of the disclosure.

The aforementioned elements are intended to be a guide to Field Trip Supervisors and there may be the need to gather additional information beyond those elements shown above.



CAL STATE LA

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

College of Natural and Social Sciences
Office of the Dean

August 29, 2018

To the ASI Finance Committee,

I am happy to provide this letter of support for the I AM PRE-MED club's travel and participation in the UC Davis Pre-Health Conference on Saturday, October 6th 2018. I am aware that the following students (Courtney Eiley, Jamie Sperati, Bao tran Nguyen, Belen Guzman, Zena Haddis, Erick Cuevas, Lesly Barrios, and Camiryn Terrell) will be traveling out of Los Angeles International Airport (LAX) to this conference on Friday, October 5th and returning on Sunday, October 7th. Furthermore, I am aware that these students will be lodging at the Holiday Inn Express Sacramento Convention Center for the duration of the trip and will be supervised under the I AM PRE-MED club advisor, Maite Villareal, who is also CSULA's Health Career Advisor and will be representing our school at this pre-health conference.

This is an exciting opportunity for our pre-med students to immerse themselves in an educational and aspiring atmosphere in their pursuit to become future physicians. I am confident that this endeavor will positively impact these pre-med students as competitive applicants and overall enhance the spirit of the pre-med community on our campus.

Sincerely,

Pamela Scott-Johnson, Ph.D.
Dean, College of Natural and Social Sciences
California State University, Los Angeles



August 29, 2018

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

COLLEGE OF NATURAL AND SOCIAL SCIENCES

Department of Biological Sciences

To the ASI Finance Committee,

I am happy to provide this letter of support for the I AM PRE-MED club's travel and participation in the UC Davis Pre-Health Conference on Saturday, October 6th 2018. I am aware the following students (Courtney Eiley, Jamie Sperati, Bao tran Nguyen, Belen Guzman, Erick Cuevas, Zena Haddis, Lesly Barrios, and Camiryn Terrell) will be traveling out of Los Angeles International Airport (LAX) to this conference on Friday, October 5th and returning on Sunday, October 7th. Furthermore, I am aware that these students will be lodging at the Holiday Inn Express Sacramento Convention Center for the duration of the trip and will be supervised under the I AM PRE-MED club advisor, Maite Villareal, who is also CSULA's Health Career Advisor and will be representing our school at this pre-health conference.

This is an exciting opportunity for our pre-med students to immerse themselves in an educational and aspiring atmosphere in their pursuit to become future physicians. I am confident that this endeavor will positively impact these pre-med students as competitive applicants and overall enhance the spirit of the pre-med community on our campus.

Sincerely,

A handwritten signature in black ink, appearing to read "Dr. Robert Nissen".

Dr. Robert Nissen

Biological Sciences, Department Chair

California State University, Los Angeles

August 29, 2018

To the ASI Finance Committee,

I am happy to provide this letter of support for the I AM PRE-MED club's travel and participation in the UC Davis Pre-Health Conference on Saturday, October 6th 2018. I am aware the following students (Courtney Eiley, Jamie Sperati, Bao tran Nguyen, Belen Guzman, Zena Haddis, Erick Cuevas, Lesly Barrios, and Camiryn Terrell) will be traveling out of Los Angeles International Airport (LAX) to this conference on Friday, October 5th and returning on Sunday, October 7th. Furthermore, I am aware that these students will be lodging at the Holiday Inn Express Sacramento Convention Center and as the I AM PRE-MED club advisor, I will be supervising these students for the duration of the trip along with representing our school at this pre-health conference. The eight students listed above will be individually paying for this trip out of pocket, and have sought out from ASI 70% funding via reimbursement upon their return from the conference as well as agree that they will be responsible for the remaining 30% that will not reimbursed to them.

This is an exciting opportunity for our pre-med students to immerse themselves in an educational and aspiring atmosphere in their pursuit to become future physicians. I am confident that this endeavor will positively impact these pre-med students as competitive applicants and overall enhance the spirit of the pre-med community on our campus.

Sincerely,

A handwritten signature in black ink, appearing to read 'Maite Villareal', with a long, sweeping horizontal line extending to the right.

Maite Villareal Rodriguez, M.A.

Pre-Health Advisor

California State University, Los Angeles

OCT 5 - 7
✈ LAX → SMFTOTAL
\$145.96 ✓

Trip & Price Details

✈
Price

Payment


Confirmation

✈ Flight [Modify](#) [Remove](#)


\$145.96 ^

Departing 10/5/18 Friday

Wanna Get Away \$54.68
(Adult x1)

 **DEPARTS** **5:05 PM** **LAX**
Los Angeles, CA - LAX

Nonstop

 **ARRIVES** **6:25 PM** **SMF**
Sacramento, CA - SMF

FLIGHT
640  TRAVEL TIME
1hr 20min

Wanna Get Away Only 2 left!


Your fare includes:

- 2 free checked bags (1st and 2nd checked bags fly free. Weight and size limits apply.)
- No change fee (Fare difference may apply.)
- Reusable funds
- EarlyBird eligible


SUBTOTAL
\$54.68

Returning 10/7/18 Sunday

Wanna Get Away \$54.68
(Adult x1)

 **DEPARTS** **9:10 AM** **SMF**
Sacramento, CA - SMF

Nonstop

 **ARRIVES** **10:40 AM** **LAX**
Los Angeles, CA - LAX

FLIGHT
5454  TRAVEL TIME
1hr 30min

Wanna Get Away

Your fare includes:




- 2 free checked bags (1st and 2nd checked bags fly free. Weight and size limits apply.)
- No change fee (Fare difference may apply.)
- Reusable funds
- EarlyBird eligible

SUBTOTAL
\$54.68

Taxes & fees \$36.60

Flight total **\$145.96**

Icon legend

 WiFi available
  Live TV available
  EarlyBird Check-In®



Best Price
Guarantee

Holiday Inn Express : Sacramento Convention Center
728 Sixteenth Street, Sacramento CA 95814 United States
Check in: 03:00 PM | Check out: 12:00 PM

10/5/2018 - 10/7/2018 2 Nights 8 Guests 2 Rooms

Total Price for Stay: 791.15 USD

Hide rate details ^

Guest Information (Already a member? [Sign in](#))

Please note, the rate you have selected requires membership in IHG® Rewards Club. Membership is free, you'll enroll as you book. [Terms & Conditions](#) and [Privacy Statement](#)

☐ Yes, sign me up as I book.

*Indicates required field

Rate Description

Additional savings for IHG® Rewards Club members.

Rate Information per Stay for 2 Rooms

Fri Oct 05 2018-Sun Oct 07 2018 **151.99 USD**

Price for 2 room(s) and 2 night(s): **607.96 USD**

Taxes: **91.19 USD**

Extra Persons Charge: **80.00 USD**

Total Price: **791.15 USD**

Taxes and Additional Charges

15% per night not included in rate effective 5 October, 2018 thru 7 October, 2018

October 6, 2018*Part of your journey.*[Home](#) > [More Information](#) > [About the Conference](#)

About the Conference

2018 Pre-Health Conference

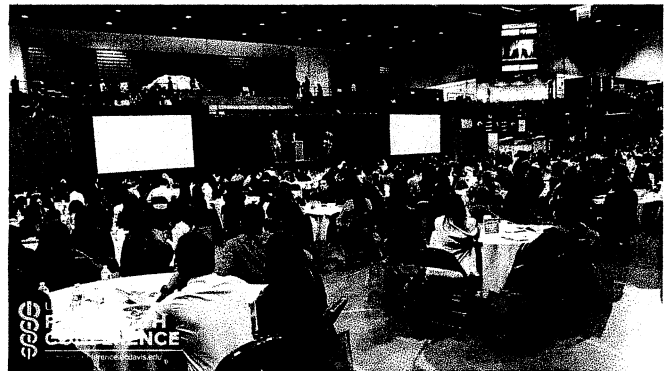
Date: Saturday, Oct 6th, 2018**Location:** University of California, Davis**Time:** 7 a.m. - 5 p.m.

University of California, Davis has been home to the nation's largest pre-health conference for over a decade. Join us this year for the **16th annual UC Davis Pre-Health**

Conference, which will take place on Saturday, October 6, 2018, on the UC Davis main campus.

The 2018 Conference will host 4,500 pre-health students with varying health career interests, majors, and backgrounds from across the state of California. The conference hosts keynote speakers, deans panels, pre-health fair, and hands-on workshops covering a variety of topics from admissions to suturing. Attendees have the opportunity to explore a variety of health professions, including allopathic, osteopathic, podiatric, and naturopathic medicine, veterinary medicine, pharmacy, dentistry, nursing, optometry, physical and occupational therapy, physicians assistant, and more.

This is a chance to engage with and learn from a wide range of health professionals, admissions officers, faculty, deans of admissions, and exhibitors through an array of didactic and interactive workshops, networking opportunities, and the pre-health exhibitor and admissions fair. Join thousands of other pre-health students as you take the next steps towards your place amongst the next generation of health care leaders.



I AM PRE-MED is attending the UC Davis Pre-Health Conference!

When: Saturday, October 6th 2018

Where: UC Davis Main Campus

Time: 7am-5pm

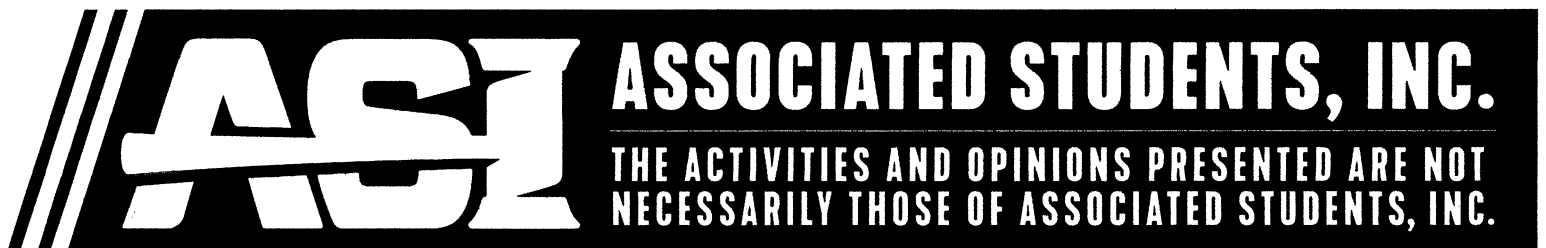
Supervisor: Club Advisor, Maite Villareal

Travel/Lodging Details:

- Departing from LAX to SMF on Friday, October 5th 2018
- Returning from SMF to LAX on Sunday, October 7th 2018
- Lodging at Holiday Inn Express Sacramento Convention Center
(728 Sixteenth Street, Sacramento CA 95814)

About the Conference:

The 2018 Conference will host 4,500 pre-health students with varying health career interests, majors, and backgrounds from across the state of California. The conference hosts keynote speakers, deans panels, pre-health fair, and hands-on workshops covering a variety of topics from admissions to suturing. Attendees have the opportunity to explore a variety of health professions, including allopathic, osteopathic, podiatric, and naturopathic medicine, veterinary medicine, pharmacy, dentistry, nursing, optometry, physical and occupational therapy, physicians assistant, and more.



I AM PRE-MED is attending the UC Davis Pre-Health Conference!

When: Saturday, October 6th 2018

Where: UC Davis Main Campus

Time: 7am-5pm

Supervisor: Club Advisor, Maite Villareal

Travel/Lodging Details:

- Departing from LAX to SMF on Friday, October 5th 2018
- Returning from SMF to LAX on Sunday, October 7th 2018
- Lodging at Holiday Inn Express Sacramento Convention Center
(728 Sixteenth Street, Sacramento CA 95814)

About the Conference:

The 2018 Conference will host 4,500 pre-health students with varying health career interests, majors, and backgrounds from across the state of California. The conference hosts keynote speakers, deans panels, pre-health fair, and hands-on workshops covering a variety of topics from admissions to suturing. Attendees have the opportunity to explore a variety of health professions, including allopathic, osteopathic, podiatric, and naturopathic medicine, veterinary medicine, pharmacy, dentistry, nursing, optometry, physical and occupational therapy, physicians assistant, and more.

