#### Associated Students, Inc. **Necessary Documents:** ■ Event Flyer w/ ASI Logo Funding Request Form CSI Event Reg. Form "...For the Students, by the Students!" 2018-19 Estimates / Food Permits **Organization** Contact ☐ Event Estimates / Invoices Club/Organization: NSSLHA Officer Name Event Title: Discovering Speech and Audiology careers Officer Title Date(s) of Event 11/5/2018 Semester Fall Address Location of Event: USU Student Union City/State/Zig 100 Phone & Emai Expected Total Attendance: Officer Signatur 100 Expected Attendance of Cal State LAStudents: **Event Description and Total Cost Breakdown** Briefly describe the event: Is the event open to all Cal State LA students?: Select One ▼ This event will have 3 speakers from the field of How will this program enhance the Cal State LA experience?: audiology and speech-language pathology. It will This event is open to NSSLHA at CSULA members. help students gain insights about the nature of each who are essentially Communication Disorder and profession and choosing their career. Audiology major. It will help them gain insights about graduate school and the career opportunities. **Hospitality Honoraria/Contracts** Description Amount Description Amount University Catering - Pizza 192.17 Marketing **Other** Description **Amount** Description **Amount** For Office Use Only • Do Not Write Below **Event Summary** 0 **Important:** Total Cost of Event: (1) All Funding Request Forms must be turned in by 12 PM \$192.17 Amount Requested from ASI: Friday, the week before the Funding Sub-Committee Meetings. (2) Additionally, funding request forms must be turned in no less Amount from other sources:

- 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.

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What other resources are you employing for this event?

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# 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: PHONE: 9/34/18	
EVENT CONTACT NAME: EMAIL:	
NAME OF EVENT: NSSLIIA Presentation. LOCATION: USU Please.	
EVENT DATE: 41/5/2018 BEGIN TIME: 6 pm END TIME: 9.pm ESTIMATED ATTENDANCE: 80-160	
TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)  PROCEEDS TO BENEFIT FEDUCATIONAL PROGRAM SPIRITUAL PROGRAM RECREATIONAL PROGRAM  DANCE/PARTY SOCIAL PROGRAM COMMUNITY SERVICE CONFERENCE/CONVENTION  OTHER:  SPEAKER/PANEL	
WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)  SPORTS ACTIVITY OR COMPETITION  BEACH/FOREST/PARK CLEAN-UP  BONFIRE  INDOOR/OUTDOOR COOKING  DOMESTIC TRAVEL  AMPLIFIED SOUND  ANIMALS  PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):  A prescritation on internation regarding speech language and bearing disorders as well as volunteer and networking opportunities within the compunication disorders department	
HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)	
PRINTED POSTCARDS PRINTED POSTERS/FLIERS SOCIAL MEDIA: FACEBOOK COM/CSUITANSSINA OTHER:	
WHO WILL BE INVITED? (CHECK ALL THAT APPLY):  STUDENT ORG. MEMBERS   CAL STATE LA COMMUNITY   OTHER COLLEGES & UNIV.   GENERAL PUBLIC   GUES	TLIST
Events intended for the general Cal State LA campus will be listed in the Student Organization Calendar of Events distributed in a b weekly email by the Center for Student Involvement.  VNO, I DO NOT WISH FOR MY EVENT TO BE POSTE	1
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)  VES	
WILL A MOVIE BE SHOWN? VES (If yes, please attach written proof of viewing rights.)	
WILL THE EVENT HAVE SECURITY? VNO 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?   V NO YES   Initials	,
If so, please affirm organization members and guests will not consume alcohol.  PLEASE LIST 2 TIPS and S TRAINED MEMBERS ON	
WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? VES. PLEASE PROVIDE WILL BE INVITED ON PAGE	
DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? VIOLENT YES	
Please be aware that student organization events are not covered for liability or other insurance by California State University, Los Angel the University-Student Union. Student organization officers or the advisor may be the student organization would I purchase Special Event Insurance for a particular event, please contact CSI.	les or ike to

### 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.

N/A						
PRESIDENT:			SIGNATURE:		DATE:	
TREASURER:			SIGNATURE:		DATE:	
U-SU STUDENT ORG	ANIZATION ACCOL	INT#:	or	r APPROVED EXEMP	PT STATUS: CSI VERIFICATION	
EVENT GUIDE	ELINES					=
to comply with any	y of the following g	guidelines may resul	he student organization. The t in disciplinary action taker n can be found online in the	n against the organization	on including suspension of	
CONDUCT: The o	organization assumes fo organization to disciplin	all responsibility for the carry action by the Cente	conduct of participants at the ever r for Student Involvement or Stude	nt. Any violation of University ent Conduct.	policy may subject the participants and/o	г
alcoh Bever Appro memb	iolic beverages requi rages form in additio oved alcohol consun	ires authorization fron on to this Event Regist aption events and eve Violence Prevention	n the University. Your organizat tration Form. Please allow at lea ents held where alcohol is avail	tion must complete and su ast 3 weeks for this form to able (but will not be consu	hat involves the consumption of ubmit a Request to Serve Alcoholic to be reviewed by the University. umed) require at least two TiPS certific to of the entire event. Additional	ed
marke been i	eting registered even registered. All printe	its are required to be ad material may be po	stamped by CSI prior to their a	pproved posting. Stamps	printed marketing to be used for can be obtained after the event has or student organizations, the "POSTIN	G
SENERAL If your RELEASE: to con	r event will require th nply with all instructi	ne use of general relea ons provided by CSI,	ase waivers prior to organization including submitting all comple	n member and guest parti	icipation, your organization is required	ł
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Date: November 5, 2018

## Discovering Speech Therapy and Audiology Careers

Time: 6:30 p.m. - 8:00 p.m. \* check-in starts

@6:00 p.m.

Location: Los Angeles Room in the

university student Union

Website: csulanssiha.weebly.com



https://www.instagram.com/csula\_nsslha/





for: Event # E34701 on: Monday, November 05, 2018

Client/Organization Nsslha	Event Date 11/5/2018 (Mon)	Booking Contact		Event # E34701
Address 5151 State University Dri	ve	City, St/Prov Postal Los Angeles, CA 90032	Booking Tel	Guests 100 (Act)
Party Name Nsslha	Sales Rep Amanda Tapia	Theme	Categ	ory

				Venue		
Description	Туре	Start	End		 Banquet Room	Setup S
		5:45 pm	6:00 pı	m	Student Union	Deliver
	Food &	Beverage	C MERCEN I I Subble de les seus mais se			
Food/Service Ite	ems	Unit	Price	Total		
Delivery to Out Theater for 6:00						
No Disposables	3					
(7) Pepperoni F 12)	Pizza (Slice of	Each	10.00	70.00		
(4) Cheese Pizz	za (Slice of 12)	Each	10.00	40.00		
(4) Vegetarian types veggies-c (Slice of 12)	` •	Each	10.00	40.00		

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	150.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
Service Charge	25.50	0.00	0.00	0.00	0.00	0.00	0.00	25.50
Taxes	16.67	0.00	0.00	0.00	0.00	0.00	0.00	16.67
Total	192.17	0.00	0.00	0.00	0.00	0.00	0.00	192.17

Subtotal	150.00 Paid	0.00
Tax	16.67 Balance	192.17
Service Charge	25.50	
Total Value	192.17	

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)



# DENT ORGANIZATION FORM



This form must be completed to business days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed. No publicity and be a posted online until this form has been submitted for off campus events or until the has been completed to 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.

EVENT DATE:    BEGIN TIME:   Set   END TIME:   END TIME:   ESTIMATED ATTENDANCE:   ESTIMATED ATTENDANC	NAME OF ORGANIZATION: PAGE EVENT CONTACT NAME:	r studeni Specul Langua.	e Hearing Assectation	PHONE:		DATE: 9/04/18
PROCEEDS TO BENEFIT   BEGIN TIME: BEGIN TIME: BEND TIME: BETIMATED ATTENDANCE: BLIGHT PROCEEDS TO BENEFIT   BEDUCATIONAL PROCRAM   SPEAKER/PANEL   DANCE/PARTY   SOCIAL PROGRAM   SPEAKER/PANEL   DILY YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)  SPORTS A CTIVITY OR COMPETITION   BEACH-POREST/PARK CLEAN-UP   INTERNATIONAL TRAVEL   AMPLIED SOUND   ANIMALS   A	NAME OF EVENT:					
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		Center for Student Involvement or Student Conduct. dure 019 - Alcoholic Beverages, any event (on or c	off campus) that involves the consumption of
alcoholic	beverages requires authorizatio	on from the University. Your organization must com Registration Form. Please allow at least 3 weeks fo	plete and submit a Request to Serve Alcoholic
Approve	d alcohol consumption events ar	nd events held where alcohol is available (but will ntion & Resources Trained (SVPT) members to be	not be consumed) require at least two TiPS certifie
	s may be enforced.	ndon a Resources Trailled (3711) Thembers to be	in attendance of the entire event. Additional
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