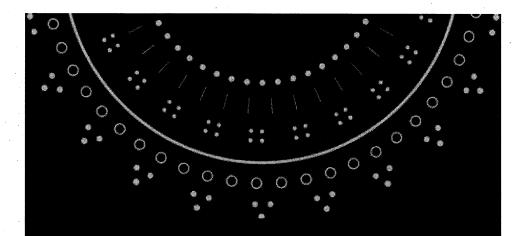
Associated Students, Inc. **Necessary Documents:** ■ Event Flyer w/ ASI Logo LFunding Request Form CSI Event Reg. Form For the Students, by the Students!" 2018-19 Estimates / Food Permits **Organization** Contact ■ Event Estimates / Invoices Club/Organization: Leadership Development Association Officer Name: Event Title: LDA Comprehensive Exam Review Officer Title: Date(s) of Event:03/23,03/30,4/13,4/20Semester Spring Address: Location of Event: CSULA Student Union, Room TBD City/State/Zip: Phone & Email: Expected Total Attendance: 30 Officer Signature: Expected Attendance of Cal State LAStudents: ___ **Event Description and Total Cost Breakdown** Is the event open to all Cal State LA students?: Select One... Briefly describe the event: How will this program enhance the Cal State LA experience?: Leadership Development Association will be hosting review sessions for the M.S. Healthcare Management Comprehensive This program will provide M.S. Healthcare Management students with the tools needed to do Exam. exceptional on the comprehensive exam. **Hospitality Honoraria/Contracts** Description **Amount** Description Amount Golden Eagle Hospitality 03/23/19 \$491.96 N/A Golden Eagle Hospitality 03/30/19 \$491.96 Golden Eagle Hospitality 04/13/19 \$491.96 Golden Eagle Hospitality 04/20/19 \$491.96 Marketing **Other** Description **Amount** Description Amount N/A N/A For Office Use Only • Do Not Write Below **Event Summary** \$1,967.84 Important: Total Cost of Event: (1) All Funding Request Forms must be turned in by 12 PM \$1,967.84 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 What other resources are you employing for this event? 15 days after the event. N/A All forms must have a Time Stamp and HE FEE 27 MI 50:02 staff initial:



Leadership Development Association presents

LDA COMPREHENSIVE EXAM REVIEW

March 23rd, 2019, March 30th, 2019. April 13th, 2019 & April 20th, 2019.

Location: CSULA Student Union, Rm TBD Time: 3:30pm - 5:30pm

PSVP & UMORFNO@CALSTATELA FOU







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: Leadership Development Association PHONE: PHONE: 02/20/2019
EVENT CONTACT NAME: EMAIL:
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WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)
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PRINTED POSTCARDS PRINTED POSTERS/FLIERS SOCIAL MEDIA: Instagram @ldg. could
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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 of the student organization would like to purchase Special Event Insurance for a particular event, please contact CSI.

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CONDUCT:	The organization as	sumes full responsibility for the disciplinary action by the Cent	e conduct of particing	oants at the event. Any violation of U	niversity policy may subject the p	articipants and/or
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HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)
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WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? VNO WILL BE INVITED ON PAGE 2.
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PUBLICITY:	marketing registere been registered. Al	al must comply with Univer d events are required to b I printed material may be p stamp must be clearly visib	e stamped by CS posted for up to	SI prior to their appr a period of fourteer	oved posting. Stami	os can be obtained	after the event has
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Updated 08.13.08 | Page 1 of 2

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PUBLIC	C AFFAIRS	DATE:		ATHLETICS		DATE:		
DEPT.	OF PUBLIC SAFETY	DATE:		FACILITIES USE	COORDINATOR	DATE:		
OTHER	3	DATE:	······································	U-SU BUSINESS	OFFICE	DATE:		
NOTES OR U	PDATES: (TIPS-CERTIFIED	SVPT TRAINED MEMBERS, SOCI	AL MEDIA SITES/I	IANDLES, INVITED ME	DIA, ADDITIONAL INI	FORMATION/RE	QUIREMENTS)	

COMPLETED



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	: Leadership Devel	lopment Association	on	PHONE		DAT	E: 02/20/2019
EVENT CONTACT NAME:					EMAIL:		
NAME OF EVENT: LDA Co	mprehensive Exam	Review		LOCATIO	ON: Student Uni	on- Room, TBD	
EVENT DATE: 04/20/2019	BEGIN TIME:	3:30 PM	END TIME: 5:30	PM ES	STIMATED ATTE	NDANCE: 30	
TYPE OF ACTIVITY (THE UN PROCEEDS TO BENEFIT DANCE/PARTY		NAL PROGRAM	SPIRITUA	L PROGRAM IITY SERVICE	RECREA	TIONAL PROGF RENCE/CONVEN	
OTHER:		•	SPEAKER/	PANEL			
WILL YOUR EVENT INCLU SPORTS ACTIVITY OR O BONFIRE AMPLIFIED SOUND PLEASE DESCRIBE THE EV	COMPETITION	BEACH/FORE INDOOR/OU ANIMALS	EST/PARK CLEAN-UI JTDOOR COOKIN	P	INTERNATION DOMESTIC TI		
Leadership Development Ass				altheare Manage	ment Comprehens	sive Fxam	
Ceatersinp Development as							
HOW WILL YOU MARKET	THIS EVENT? (CI	HECK ALL THAT	APPLY)		-		*BANGET PROFESSIONAL CONTROL C
PRINTED POSTCARDS	······································	RS/FLIERS SO	CIAL MEDIA: Inst	agram, @lo	la_csula	OTHER:	Linkedin
WHO WILL BE INVITED? (Γ APPLY):		COLLEGES & UN		ERAL PUBLIC	GUEST LIST
Events intended for the weekly email by the Ce	_	· ·	l be listed in the S	AMARINA .	zation Calendar O NOT WISH FO	· ·	
WILL THE EVENT HAVE AN A (If yes, please complete stat							? NO YES
WILL A MOVIE BE SHOWN	45 <u>√</u> NO □ A	ES (If yes, please	attach written pro	oof of viewing r	ghts.)		
WILL THE EVENT HAVE SE	ECURITY? 📝 N	O YES If ye	es, please explain				
WILL FOOD BE SERVED A IF YES, WHO WILL PRO A completed food pe	VIDE THE FOOD?	✓ UNIVERSITY			d is provided by,	University Cate	ring.
WILL ALCOHOL BE PRESI	ENT AT THE EVEN	NT? NO	YES. Please atta (This form m		d request to ser wo weeks for rev		
WILL THE EVENT BE HELD I	N A RESTAURANT/ se affirm organiz		COHOL IS AVAILAB	LE? NO	YES Initia	els PLEASE LI TRAINED	ST 2 TIPS and SVPT MEMBERS ON PAGE 2.
WILL OFF-CAMPUS MED	DIA BE NOTIFIED	ABOUT THE EVE	NT (NEWSPAPER	R, TV, RADIO, E	TC.)? ✓ NO		E PROVIDE WHO ITED ON PAGE 2.
DOES THE STUDENT ORG	ANIZATION WAN	NT TO PURCHASI	E SPECIAL EVENT	INSURANCE F	OR THIS EVENT	. NO □.	YES
				the second second second			

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.

| Contact | Con

proceeds that	Will be raised to belle	int the organization. Thease	include now n	iden the organization	n vyii be enarging		
N/A					L		
				1	(4)		
PRESIDENT:			SIGNA	ATURE:	(()	DATE: 2	27-14
TREASURER			ŚIGNA	ATURE:	<i>当和0</i> ~	DATE: 2	-27-19
U-SU STUDENT	ORGANIZATION AC	COUNT #:		or	APPROVED EXEM	IPT STATUS: CSI VERIFICATIO	N(
	UIDELINES						
to comply wi	ith any of the follow events and use of fa	ing guidelines may result cilities. More information	in disciplinar can be found	y action taken aga I online in the Stu	ainst the organizat dent Organization		of ·
CONDUCT:	The organization assu the organization to di	mes full responsibility for the c sciplinary action by the Center	onduct of partici for Student Invo	pants at the event. Ar Ivement or Student C	y violation of Universit onduct.	ty policy may subject the partici	pants and/or
ALCOHOL:	alcoholic beverages Beverages form in a Approved alcohol co	requires authorization from ddition to this Event Regist onsumption events and eve exual Violence Prevention 8	the University ration Form. Pl nts held where	. Your organization ease allow at least 3 alcohol is available	must complete and I weeks for this form (but will not be con	that involves the consumpti submit a Request to Serve A to be reviewed by the Univ isumed) require at least two ince of the entire event. Add	Alcoholic ersity. TiPS certified
PUBLICITY:	marketing registered been registered. All VALID THRU" s	I events are required to be printed material may be po tamp must be clearly visible	stamped by CS sted for up to a on the face of	I prior to their appr a period of fourteen the posting.	oved posting. Stam (14) calendar days.	All printed marketing to be us ps can be obtained after the For student organizations, th	event has le "POSTING
GENERAL RELEASE:	If your event will rec to comply with all in	uire the use of general releast structions provided by CSI,	ase waivers prid including subm	or to organization m nitting all completed	ember and guest pa I forms and requeste	articipation, your organization ed documents.	ı is required
FOLLOW AL MAY BE SUB	L GUIDELINES SET FO	ORTH BY THE UNIVERSITY. ION BASED ON MY ORGAN	I ACKNOWLED	OGE THAT THIS EVE COGNITION STATUS	NT AND ANY ASSO	ORGANIZATION IS SPONSO CIATED EVENT SPACE RESE DATE: 2-27-19	RING WILL ERVATIONS
ADVISOR'S	SNAME		A.	Diae	while	2-27-19	
CENTER CSI VERIF	FOR STUDENT INVIES THE ORG. IS REC	VOLVEMENT (U-SU 204 OGNIZED BY THE UNIVER	SITY	SIGNATURE		DATE: 2-27-	19
ASSISTA	NT DEAN OF STUD	ENTS: WELLNESS & EN	IGAGEMENT				
GENERAL	L RELEASE REQUIR	DENTS: WELLNESS & EN			REQUIRED:		
GENERAL	L RELEASE REQUIR	ED FOR ALL PARTICIPA		YES DATE	REQUIRED:	DATE:	
GENERAL NOTIFIC	L RELEASE REQUIR CATIONS: LIC AFFAIRS	DATE:	NTS? NC	YES DATE			
GENERAL NOTIFIC	L RELEASE REQUIR CATIONS: LIC AFFAIRS I. OF PUBLIC SAFETY	ED FOR ALL PARTICIPA	NTS? NC	YES DATE	COORDINATOR		



Client/Organization

Leadership Development Association

Event Date

Event#

3/23/2019 (Sat)

E35661

Address

5154 State University Drive

City, St/Prov Postal Los Angeles, CA 90032

Booking Contact

Guests 30 (Act)

Party Name

Sales Rep

Theme

Category

LDA Comprehensive Exam Review

Amy Miers

Venue

Description

Type

Start 3:15 pm End

3:30 pm

Banquet Room Student Union

Bookina Tel

Setup Style Delivery

Food & Beverage

Food/Service Items

Unit

Price

Total

**Deliver to USU Room TBD

at 3:30PM**

(24) Boxed Lunch

Each

12.00

288.00

-Sub Sandwich (6")

-(6) Roasted Turkey

- -(5) Grilled Chicken Pesto
- -(5) Chicken Salad
- -(3) Tuna Salad
- -(3) Caprese

(Tomato/Basil/Mozzarella

- -(2) Roasted Vegetables
- -Pasta Salad
- -Bag of Chips
- -Cookie
- -Condiments: Mustard and

Mayo

-Bottled Water and Assorted

Canned Soda

(6) Vegan Boxed Lunch

Each 16.00

96.00

-(3) BBQ Pulled Soy with

Collards

- -(3) Buffalo Wings
- -Potato Salad
- -Pimento Mac & Cheese
- -Whole Fruit
- -Bottled Water

Authorized Signature & Date: (Please sign &date all pages) 2/28/19

E35661 - Leadership Development Association

Subtotal Service Charge Taxes Total	Food 384.00 65.28 42.68 491.96	Beverage 0.00 0.00 0.00 0.00	Liquor 0.00 0.00 0.00 0.00	Equipment 0.00 0.00 0.00 0.00 0.00	Labor 0.00 0.00 0.00 0.00	Room 0.00 0.00 0.00 0.00	Other 0.00 0.00 0.00 0.00	Total 384.00 65.28 42.68 491.96
Subtotal	384.00 Paid		0.00					
Tax	42.68 Balance		491.96					
Service Charge	65.28							
Total Value	491.96							

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)



Client/Organization

Leadership Development Association

Event Date

3/30/2019 (Sat)

Event# E35662

Address

5154 State University Drive

City, St/Prov Postal

Los Angeles, CA 90032

Booking Contact

Booking Tel

Guests 30 (Act)

Party Name

Sales Rep

Theme

Category

LDA Comprehensive Exam Review

Amy Miers

Venue

Description

Туре

Start 3:15 pm End

3:30 pm

Banquet Room Student Union Setup Style Delivery

Food & Beverage

Food/Service Items

Unit

Price

Total

288.00

**Deliver to USU Room TBD

at 3:30PM**

(24) Boxed Lunch

Each

12.00

-Sub Sandwich (6")

-(6) Roasted Turkey

-(5) Grilled Chicken Pesto

-(5) Chicken Salad

-(3) Tuna Salad

-(3) Caprese

(Tomato/Basil/Mozzarella

-(2) Roasted Vegetables

-Pasta Salad

-Bag of Chips

-Cookie

-Condiments: Mustard and

Mayo

-Bottled Water and Assorted

Canned Soda

(6) Vegan Boxed Lunch

Each

16.00

96.00

-(3) BBQ Pulled Soy with

Collards

-(3) Buffalo Wings

-Potato Salad

-Pimento Mac & Cheese

-Whole Fruit

-Bottled Water

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

E35662 - Leadership Development Association

Subtotal Service Charge Taxes Total	Food 384.00 65.28 42.68 491.96	Beverage 0.00 0.00 0.00 0.00	Liquor 0.00 0.00 0.00 0.00	Equipment 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	Room 0.00 0.00 0.00 0.00	Other 0.00 0.00 0.00 0.00	Total 384.00 65.28 42.68 491.96
Subtotal	384.00 Paid		0.00					
Tax	42.68 Balance		491.96					
Service Charge	65.28							
Total Value	491.96							

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)



for: Event # E35663 on: Saturday, April 13, 2019

Client/Organization

Leadership Development Association

Event Date

4/13/2019 (Sat)

Event#

E35663

Address

5154 State University Drive

City, St/Prov Postal Los Angeles, CA 90032

Booking Contact

Guests 30 (Act)

Party Name

Sales Rep

Theme

Category

LDA Comprehensive Exam Review

Amy Miers

Venue

Description

Type

Start 3:15 pm End

3:30 pm

Banquet Room Student Union

Booking Tel

Setup Style Delivery

Food & Beverage

Food/Service Items

Unit

Price

Total

**Deliver to USU Room TBD

at 3:30PM**

(24) Boxed Lunch

Each

12.00

288.00

-Sub Sandwich (6")

-(6) Roasted Turkey

-(5) Grilled Chicken Pesto

-(5) Chicken Salad

-(3) Tuna Salad

-(3) Caprese

(Tomato/Basil/Mozzarella

-(2) Roasted Vegetables

-Pasta Salad

-Bag of Chips

-Cookie

-Condiments: Mustard and

Mayo

-Bottled Water and Assorted

Canned Soda

(6) Vegan Boxed Lunch

Each

16.00

96.00

-(3) BBQ Pulled Soy with

Collards

-(3) Buffalo Wings

-Potato Salad

-Pimento Mac & Cheese

-Whole Fruit

-Bottled Water

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

E35663 - Leadership Development Association

Subtotal Service Charge Taxes Total	Food 384.00 65.28 42.68 491.96	Beverage 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	Equipment 0.00 0.00 0.00 0.00	Labor 0.00 0.00 0.00 0.00	Room 0.00 0.00 0.00 0.00	Other . 0.00 0.00 0.00 0.00	Total 384.00 65.28 42.68 491.96
Subtotal	384.00 Paid		0.00					
Tax	42.68 Balance	2	491.96					
Service Charge	65.28							
Total Value	491.96							

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)



for: Event # E35664 on: Saturday, April 20, 2019

Client/Organization

Event Date

Leadership Development Association

4/20/2019 (Sat)

Event# E35664

Address

5154 State University Drive

City, St/Prov Postal

Booking Contact

Guests

Los Angeles, CA 90032

30 (Act)

Party Name

Sales Rep

LDA Comprehensive Exam Review

Amy Miers

Theme

Category

Venue

Description

Type

Start 3:15 pm End

3:30 pm

Banquet Room Student Union

Booking Tel

Setup Style Delivery

Food & Beverage

Food/Service Items

Unit

Price

Total

**Deliver to USU Room TBD

at 3:30PM**

(24) Boxed Lunch

Each

12.00

288.00

-Sub Sandwich (6")

-(6) Roasted Turkey

- -(5) Grilled Chicken Pesto
- -(5) Chicken Salad
- -(3) Tuna Salad
- -(3) Caprese
- (To mato/Basil/Mozzarella
- -(2) Roasted Vegetables
- -Pasta Salad
- -Bag of Chips
- -Cookie
- -Condiments: Mustard and

Mayo

-Bottled Water and Assorted

Canned Soda

(6) Vegan Boxed Lunch

Each

16.00

96.00

-(3) BBQ Pulled Soy with

Collards

- -(3) Buffalo Wings
- -Potato Salad
- -Pimento Mac & Cheese
- -Whole Fruit
- -Bottled Water

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

E35664 - Leadership Development Association

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	384.00	0.00	0.00	0.00	0.00	0.00	0.00	384.00
Service Charge	65.28	0.00	0.00	0.00	0.00	0.00	0.00	65.28
Taxes	42.68	0.00	0.00	0.00	0.00	0.00	0.00	42.68
Total	491.96	0.00	0.00	0.00	0.00	0.00	0.00	491.96
(
Subtotal	384.00 Paid		0.00					
Tax	42.68 Balance		491.96					
Service Charge	65.28					•		
Total Value	491.96							

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).