

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: Deletha

Organization

Club/Organization: NSSLHA

Event Title: Comm. Disorders Q&A AND T-shirt Sale

Date(s) of Event: 4/23/19 Semester Spring

Location of Event: USU Los Angeles Room BC

Expected Total Attendance: 60

Expected Attendance of Cal State LA Students: 60

Event Description and Total Cost Breakdown

Briefly describe the event:

We will be having a discussion about the Communicative Disorders field and a Q&A about graduate school. We will also be having a t-shirt sale to fundraise funds to provide COMD students scholarships for events like national conventions.

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

How will this program enhance the Cal State LA experience?
This will provide information for students who want to know more about the graduate school process and graduate school itself.

Hospitality

Description	Amount
T-shirt fundraiser	\$1,975
($\$13.17/\text{shirt} \times 150$)	

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount

Other

Description	Amount

Event Summary

Total Cost of Event: \$0.00

Amount Requested from ASI: \$1,975.00

Amount from other sources:

What other resources are you employing for this event?

For Office Use Only • Do Not Write Below

Important:

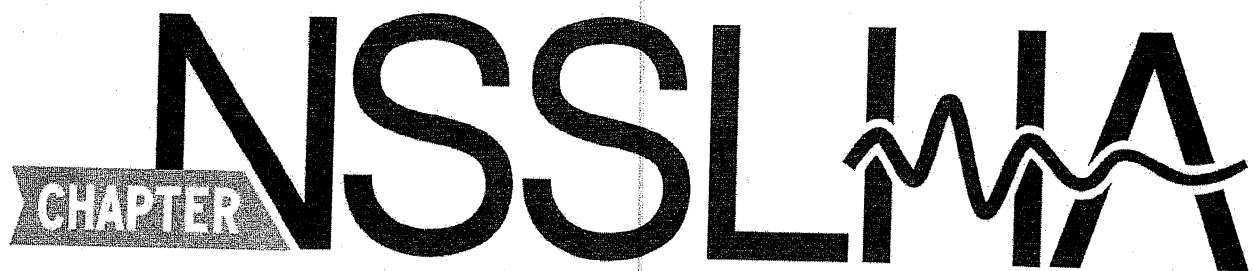
- (1) All Funding Request Forms must be turned in by 12 PM Friday, the week before the Funding Sub-Committee Meetings.
- (2) Additionally, funding request forms must be turned in no less than 10 business days (2 weeks) prior to the event.
- (3) Deadline for Request for Payment or Purchase Order (RPP)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

All forms must have a Time Stamp and

staff initial:

DN

19 MAR 12 PM 2:00:26



CALIFORNIA STATE UNIVERSITY
LOS ANGELES

NATIONAL STUDENT SPEECH LANGUAGE & HEARING ASSOCIATION

COME TO OUR MEETING!

WHEN: APRIL 23; 7:00-8:30 PM

WHERE: UNIVERSITY STUDENT UNION, LOS ANGELES ROOM BC
T-SHIRT SALE & COMMUNICATION DISORDERS DISCUSSION

PIZZA WILL BE PROVIDED!

CONTACT INFO:

FACEBOOK.COM/CSULANSSLHA

EMAIL: CSULACOMD@GMAIL.COM

WWW.CSULANSSLHA.WEEBLY.COM



STUDENT ORGANIZATION EVENT REGISTRATION FORM

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: National Student Speech Language Hearing Association PHONE: [REDACTED] DATE: 1/26/18
EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]
NAME OF EVENT: NSSHA Presentation LOCATION: UCLA ANGLES A.B. Bldg
EVENT DATE: 4/23/18 BEGIN TIME: 6:00pm END TIME: 9:00pm ESTIMATED ATTENDANCE: 80-100

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

- ☐ PROCEEDS TO BENEFIT ☒ EDUCATIONAL PROGRAM ☐ SPIRITUAL PROGRAM ☐ RECREATIONAL PROGRAM
☐ DANCE/PARTY ☐ SOCIAL PROGRAM ☐ COMMUNITY SERVICE ☐ CONFERENCE/CONVENTION
☐ OTHER: [REDACTED] ☐ SPEAKER/PANEL

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

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

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

A presentation on information regarding speech, language, and hearing disorders as well as volunteer and networking opportunities within the communication disorders department.

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

- ☐ PRINTED POSTCARDS ☒ PRINTED POSTERS/FLIERS ☒ SOCIAL MEDIA facebook.com/csulansssha ☐ OTHER: [REDACTED]
INCLUDE SITE & HANDLE

WHO WILL BE 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 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 or the event 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: SIGNATURE: DATE:

TREASURER: SIGNATURE: DATE:

U-SU STUDENT ORGANIZATION ACCOUNT #: 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 SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY) DATE:

11/26/18

ADVISOR'S NAME

11/26/18

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)

SIGNATURE:

DATE:

11/29/18

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
UNIVERSITY
STUDENT UNION

MEETING ROOM REQUEST FORM

CALIFORNIA STATE UNIVERSITY, LOS ANGELES
5154 State University Drive, Rm # 107
Los Angeles, CA 90032-8636
Phone: (323) 343-2465 Fax (323) 343-2465

RECEIVED NOV 20 2018 @ 11:35am (SS)

Type of Sponsor: ☒ Recognized Club/Org ☐ Cal State LA Department ☐ Off-Campus ☐ Other

Organization Name: National Student Speech Language Hearing Assn

Reservation Contact: _____

Phone Number: (213) 820-5796

Email: _____

Date of Event*: 11/29/2018; 4/23/2019

Title of Event: NSSLHA Presentation

Access Start Time: 6:00pm

Event Start Time: _____

Event End Time: _____

Access End time: 9:00pm

Event Contact: _____

Phone Number: _____

Faculty/Staff Advisors Name: _____

Extension: _____

If you represent an off campus organization, please provide your billing address:

Street Address: _____

City/State/Zip Code: _____

SPECIAL EVENT INSURANCE CAN BE PROVIDED: Yes ☐ If YES, sponsor must name 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 as additional insured. The general liability limit must be of no less than one million dollars (\$1,000,000).

No ☒ If NO, sponsor will be required to complete Event Insurance Assessment Form (Schedule B).

EVENT INFORMATION

Please check YES or NO to the following statements regarding event details:

Registration, admission fees, or donations are being accepted:

There will be guest participants that are 51% from off-campus:

There will be vendors fair or exhibitors as part of this event:

Alcohol will be served:

Food will be served:

This event is directly related to the educational mission of the University:

This event is sponsored or promoted by a non-University or off-campus organization:

This event is a profit-making venture (i.e. product show, or solicitation of goods or services):

Decorations, banners, or signs will be displayed:

The media will be notified about the event (newspapers, television, radio stations etc.):

A movie/film/documentary will be shown at this event:

This event is co-sponsored by the University-Student Union:

☐ YES ☒ NO

If so, please specify amount: \$ _____

☐ YES ☒ NO

☐ YES ☒ NO

☐ YES ☒ NO

If so, an approved request to serve Alcoholic Beverages form must be submitted.

☒ YES ☐ NO

If so, who is providing? On-campus Catering

☐ YES ☒ NO

☐ YES ☒ NO

☐ YES ☒ NO

☐ YES ☒ NO

If yes, please describe: _____

☐ YES ☒ NO

☐ YES ☒ NO

If so, viewing rights must be provided before event can be confirmed.

☐ YES ☒ NO

If so, specify: ☐ CCC ☐ CSI ☐ Other: _____

VENT LOCATION ** Indicates Multi-Media Room (See back for details)

☒ U-SU Theatre 106**

☐ Alhambra Room 305**

☐ Boardroom South 303A

☐ Pasadena Room 307

☐ Boardroom North 303B**

☒ Los Angeles Room 308ABC**

☐ Boardroom North & South 303**

☐ Los Angeles Room 308BC**

☐ Los Angeles Room 308A**

☐ Montebello Room 309

☐ Los Angeles Room 308B**

☐ El Monte Room 311

☐ Los Angeles Room 308C**

☐ San Gabriel Room 313**

PREFERRED ROOM SET UP

☒ Theatre Style

☐ Banquet Style

☐ Reception Style

Expected Attendance

Setup Count: 80

☐ Conference Style

☐ Classroom Style

☐ Discussion Circle

☐ Specialized

(For specialized setups, sponsors will need to meet with a coordinator for more details.)

ADDITIONAL EQUIPMENT

- For additional details such as panels, food tables, information tables, easels, please provide more information below.

☐ Dry/Erase Markers

☐ Riser Staging

☐ Easel (up to 4)

Tables _____

Chairs _____

Cocktail Tables _____

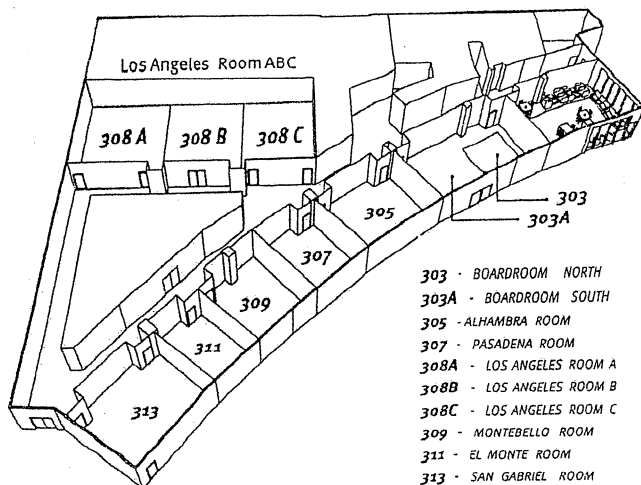
NOTES :

Requestor's Signature: _____

Date: 11/29/18

Before you sign, please review your information at the front/back of this page to ensure accuracy.

Wired Microphone _____ up to 7 available ☐ i-pod Connection ☐ DI Box (Direct Input Box) 1 available
For events with a band playing, please set-up a meeting with Event Services Coordinator at the U-SU Front Desk 107.



MEDIA SERVICES - NON-SMART ROOMS

These rooms come with a media cart upon request.
Please select a room and individual items needed for the event.

BOARD ROOM SOUTH	MEDIA CART OPTIONS
PASADENA	<input type="checkbox"/> LCD Projector <input type="checkbox"/> Bluetooth
MONTEBELLO	<input type="checkbox"/> MP3 Playback <input type="checkbox"/> FM Radio
EL MONTE	<input type="checkbox"/> Sound Connection

ACCESSORIES

- ☐ Non-Amplified Podium ☐ Laser Pointer/Powerpoint Clicker
☐ Laptop VGA Adaptors: ☐ MAC ☐ HDMI ☐ Surface

NOTE: To reserve the theatre, once the request form has been submitted a meeting must be set up with a Coordinator.

MEDIA SERVICES THEATER - U-SU THEATER PACKAGES

- ☒ Basic Sound - CD/Mp3 player with 1 Wireless Mic
☐ Full Sound - CD/Mp3 player ☐ Wireless Mics _____ 5 available
☐ HD Cinema - Projector, Blu-Ray, THX, DVD/VHS player ☐ 2 Wireless Mics
☒ Presentation - Projector, Computer/Sound connection, Podium ☐ 3 Wireless Mics
☐ Discussion Panel - Podium with Microphone, & 5 Table top Wireless Mics
☐ Basic Stage Lighting - Stage Wash
☐ Full Stage Lighting - Stage Wash, Side Light, Down Wash, LED, & Cyc Wash
☒ Laptop VGA Adaptors: ☐ MAC ☒ HDMI ☐ Surface

- ☒ Podium ☐ Bluetooth Audio
☐ DI Box _____ 2 available ☐ Bluetooth Audio
☐ Computer/Sound Connection ☐ Bluetooth Audio
☐ Blu-Ray or DVD/VHS Player ☐ Bluetooth Audio
☐ Projector w/ computer sound connection ☐ Bluetooth Audio
☐ Follow spot (Requires tech @ hourly rate)

MEDIA SERVICES - SMART ROOMS

These rooms come with a built-in Audio and Visual System.

Select the room(s) needed for audio/visual equipment then add accessories below

- ☐ BOARD ROOM NORTH
☐ ALHAMBRA
☐ SAN GABRIEL
☐ LOS ANGELES A
☐ LOS ANGELES B
☐ LOS ANGELES C
☐ LOS ANGELES ABC Screens: ☐ A ☐ B ☐ C ☐ Side C
☐ LOS ANGELES BC ☐ B ☐ C ☐ Side C

*Sponsors are responsible for providing their own laptop

PODIUM OPTIONS

If you selected a room, each room comes with a Podium, Projector, and Screen. Select additional items below if needed.

- ☐ 3.5 mm Jack for Audio Connection (for Sound)
☐ Podium Microphone
☐ Wireless Microphone: Hand-held _____ Up to 2
☐ Wireless Microphone: Lavalier (Clip Mic) _____ Up to 2
☐ Music Playback: ☐ iPod ☐ CD
☐ DVD/VHS ☐ DVD ☐ VHS
☐ Laser Pointer/Powerpoint Clicker
Laptop/VGA Adaptors: ☐ MAC ☐ HDMI ☐ Surface

Reservation Agreement

I understand initialing this agreement gives me the responsibility to pass this information to either the main contact or the event contact of this event.

Name: _____

I understand that failure to come and sign my Reservation Confirmation after 2 business days from notification, will result in an **automatic cancellation**.

I understand **ALL** events must be finalized **NO** later than 2 business days prior to the event date.

I understand if no update on reservation request is received 3 business days after submitting Request Form, it is the sponsor/department/club/organization's responsibility to follow up with our office.

I understand I, or my event contact, will need to present an ID in order to check-in the day of the event, and **ONLY** I or my event contact can sign and/or make changes to the reservation.

I understand my reservation must be canceled **2 business days** prior to the event date, or it will be considered a No-Show.

I understand that submitting requests less than **10 business days** in advance does not guarantee my paperwork will be processed in time.

OFFICE USE ONLY

☐ New Request

☐ Revised/Undated Request

☐ Res# _____

Updated 10/25/2017



TALK TO A REAL PERSON
855-563-7465



CHAT WITH A REAL PE
Chat Now



Your All-Inclusive Price



~~\$35.34~~ **\$13.17 each (150 Items)**

~~\$5,304.00~~ \$1,975.00 total after 63% Volume Discount

Guaranteed by Tuesday, Mar. 12th with FREE 2-Week Delivery!



Printing: 1 color front, 1 color back

Bella + Canvas Tri-Blend T-shirt
Color: Solid Black Tri-Blend

\$13.17 Each	XS 15, S 45, M 50, L 20, XL 10 @
Qty 150	\$13.00
Change	2XL 10 @ \$15.50

Buy more, save more! Order 190 items and pay \$12.80 each, or 300 items and pay \$12.22 each.
Money Saving Tips

Need it sooner? Upgrade at checkout

1-Week Rush (+10%) - Tue., Mar. 5th

3-Day Super Rush (+25%) - Mon., Mar. 4th

FREE Shipping to Los Angeles, CA Change
Applicable tax may apply during checkout.

Save & Continue
Designing

Buy Now



Bella + Canvas Tri-Blend T-shirt

■ Solid Black Tri-Blend



TALK TO A REAL PERSON
855-563-7465



CHAT WITH A REAL PERSON
Chat Now



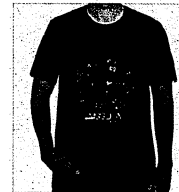
Your All-Inclusive Price



~~\$35.34~~ **\$13.17 each (150 Items)**

~~\$5,304.00~~ \$1,975.00 total after 63% Volume Discount

Guaranteed by Monday, Apr. 1st with FREE 2-Week Delivery!



Printing: 1 color front, 1 color back

Bella + Canvas Tri-Blend T-shirt
Color: Solid Black Tri-Blend

\$13.17 Each	XS 15, S 45, M 50, L 20, XL 10 @
Qty 150	\$13.00
Change	2XL 10 @ \$15.50

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Need it sooner? Upgrade at checkout

1-Week Rush (+10%) - Mon., Mar. 25th

3-Day Super Rush (+25%) - Thu., Mar. 21st

FREE Shipping to Los Angeles, CA Change
Applicable tax may apply during checkout.

Save & Continue
Designing

Buy Now



Bella + Canvas Tri-Blend T-shirt

■ Solid Black Tri-Blend