Associated Students, Inc. **Necessary Documents:** ■ Event Flyer w/ ASI Logo LFunding Request Form For the Students, by the Students!" 2018-19 CSI Event Reg. Form Estimates / Food Permits Contact **Organization** ■ Event Estimates / Invoices Officer Name: Club/Organization: Student Academy of Audiology at Cal state Event Title SAA-Event and Presentation Officer Title: Date(s) of Event: 3/26/19-5-7-19 Address: Semeste^{*} City/State/Zip: Location of Event: LA-BC Phone & Email: Expected Total Attendance: Officer Signature: Adve My gran Expected Attendance of Cal State LAStudents: _ 50 **Event Description and Total Cost Breakdown** Briefly describe the event: Is the event open to all Cal State LA students?: How will this program enhance the Cal State LA experience?: A presentation focused on Audiology and related hearing pathologies. Students will have opportunities to explore higher Networking opportunities for those who attend as well. education options and careers in the field audiology. Hearing health will also be discussed. Hospitality Honoraria/Contracts Description Amount Description Amount Student Union Catering \$348.48 Student Union Catering \$348.48 Marketing **Other** Description Amount Description Amount Web site account-set up for Org. \$144.00 **Event Summary** For Office Use Only • Do Not Write Below \$840.96 Total Cost of Event: Important: (1) All Funding Request Forms must be turned in by 12 PM Amount Requested from ASI: \$840.96 Friday, the week before the Funding Sub-Committee Meetings. (2) Additionally, funding request forms must be turned in no less \$0.00 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.

All forms must have a Time Stamp and

staff initial:

NONE

TIS MAR BANTON PLACE

STUDENT ACADEMY OF AUDIOLOGY AT CAL STATE LA

SAA CRAM SESH!

You don't want to miss this audiology review! There will be food and drinks.

MAY 7TH 7:00-9:00PM CHECK IN STARTS AT 6:30



Follow us for more info.

Instagram: csula_saa

Facebook: csula saa







ASSOCIATED STUDENTS, INC.

THE ACTIVITIES AND OPINIONS PRESENTED ARE NOT NECESSARILY THOSE OF ASSOCIATED STUDENTS, INC.



for: Event # E35760 on: Tuesday, May 07, 2019

Client/Organization	Event Date
Student Academy of Audiology	5/7/2019 (Tue)
Address	
5151 State University Drive	

Booking Contact		Event #
		E35760
City, St/Prov Postal	Booking Tel	Guests
Los Angeles, CA 90032		50 (Act)

Party Name Sales Rep
Student Academy of Audiology Amanda Tapia

Theme		Category	

			Venu	ıe					
Description Type	Start	End		·		Banquet Roo	m	Setup Style	
	5:15 pm	5:30 pi	m			Off-Site		Delivery	
Foo	d & Beverage								
Food/Service Items	Unit	Price	Total						
Delivery to USU-LA Room TBD for 5:30pm	n								
(50) Disposables	Guest(s)	0.50	25.00						
(1) Pepperoni Pizza (Slice 12)	of Each	14.00	14.00						
(1) Vegetarian Pizza (Slice 12)	e of Each	14.00	14.00			`			
(1) Tomato Basil Pizza (Sl of 12)	ice Each	12.00	12.00						
(1) Small - Mixed Baby G (15-25pp) w/ Lemon Viniagrette	reens Bowl(s)	45.00	45.00			· · · · · · · · · · · · · · · · · · ·			
(1) Turkey & Cheese Tea Sandwiches	Dozen(s)	12.00	12.00		•				
(1) Cucumber Cream Chee Tea Sandwiches	ese Dozen(s)	12.00	12.00						
(3) Achiote Chicken Skewe With Soy Ginger Sauce	ers Dozen(s)	24.00	72.00						
(2) Vegetable Pot Stickers Sesame ginger Sauce	with Dozen(s)	22.00	44.00						
(1) Pink Lemonade	Gallon(s)	22.00	22.00	•					
Water Service									

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	250.00	22.00	0.00	0.00	0.00	0.00	0.00	272.00
Service Charge	42.50	3.74	0.00	0.00	0.00	0.00	0.00	46.24
Taxes	27.79	2.45	0.00	0.00	0.00	0.00	0.00	30.24
Total	320.29	28.19	0.00	0.00	0.00	0.00	0.00	348.48

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



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) 343-2454

Type of Sponsor:	
Organization Name: Student Academy of Audiology of CoulARe	eservation Contact:
	nail:
	tle of Event: SAA presentation
Access Start Time: 6:00 pm Event Start Time: 6:30 pm Eve	ent End Time: 9:30 pm Access End time: 9:30 pm
Event Contact:	one Number:
Faculty/Staff Advisors Name: Ex	ctension:
If you represent an off campus organization, please provide your billing address:	
Street Address: City	y/State/Zip Code:
additional insured. The genera	e University, Los Angeles, and their officers, agents, employees and volunteers as al liability limit must be of no less than one million dollars (\$1,000,000).
EVENT INFORMATION No O If NO, sponsor will be requir	red to complete Event Insurance Assessment Form (Schedule B).
Please check YES or NO to the following statements regarding event details: (Additional	fees may apply)
Registration, admission fees, or donations are being accepted: There will be guests/participants that will be 51% or more from off-campus	YES NO If so, please specify amount: \$
There will be a vendors fair or exhibitors as part of this event:	OYES NO If so, specify:
Alcohol will be served:	OYES ONO If so, an approved request to serve Alcoholic Beverages form must be submitted.
Food will be served:	QYES ONO If so, who is providing? whiversity
This event is directly related to the educational mission of the University:	⊘ YES ○ NO
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):	YES NO If so specify:
Decorations, banners, or signs will be displayed:	OYES ONO If yes, please describe:
This event will include filming or recording:	OYES ONO If so, please specify:
The media will be notified about the event (newspapers, television, radio stations etc.): A movie/film/documentary will be shown at this event:	YES NO If so, specify: YES NO If so, viewing rights must be provided before event can be confirmed.
This event is co-sponsored by the U-SU or on-campus department	YES NO If so, specify: CCC CSI D Other:
VENT LOCATION ** Indicates Multi-Media Room (See back for details)	
☐ U-SU Theatre 106** ☐ Alhambra Room 305**	☐ Los Angeles Room 308A** ☐ Montebello Room 309
☐ Boardroom South 303A ☐ Pasadena Room 307	□ Los Angeles Room 308B** □ San Gabriel Room 313**
☐ Boardroom North 303B** ☐ Los Angeles Room 308ABC**	Los Angeles Room 308C**
☐ Boardroom North & South 303** ☐ Los Angeles Room 308BC**	
PREFFERED ROOM SET UP	Expected Attendance Setup Count:
☐ Banquet Style ♣ ☐ Reception	
☐ Conference Style • ☐ Classroom Style ☐ ☐ Discussio	on Circle (For specialized setups, sponsors will need to meet with a coordinator for more details.)
ADDITIONAL EQUIPMENT - For additional details such as panels, food tables, infor	rmation tables, easels, please provide more information below.
O Dry/Erase Markers Riser Staging Easel (up to 4) Table	es 4 Chairs 12 Cocktail Tables
0.11	
	1 /23/19
Requestor's Signature:	Date:

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

Los Angeles Room ABO	Market	MEDIA SERVICES - SMART ROOMS These rooms come with a built-in Audio and Visual Sy-	stem.
308 A 308 B 308 10	303 - BOARDROOM NORTH 303A - BOARDROOM SOUTH 305 - ALHAMBRA ROOM 307 - PASADENA ROOM 308A - LOS ANGELES ROOM A 308B - LOS ANGELES ROOM B 308C - LOS ANGELES ROOM C 309 - MONTEBELLO ROOM 313 - SAN GABRIEL ROOM	Select the room(s) needed for audio/visual equipment then a BOARD ROOM NORTH ALHAMBRA SAN GABRIEL LOS ANGELES A LOS ANGELES B LOS ANGELES C LOS ANGELES ABC Screens: ABC *Sponsors are responsible for providing their of]C. Side C]C. Side C
These rooms come with a media		If you selected a room, each room comes with a Podic and Screen. Select additional items below if needed.	ım, Projector,
BOARD ROOM SOUTH PASADENA MONTEBELLO	MEDIA CART OPTIONS ☐ LCD Projector ☐ Bluetooth ☐ MP3 Playback ☐ FM Radio ☐ Sound Connection	☐ 3.5 mm Jack for Audio Connection (for Soun Polium Microphone Wireless Microphone: Hand-held Up Wireless Microphone: Lava lier (Clip Mic) Music Playback: ☐ iPod ☐ CD	to 2
ACCESSORIES Non-Amplified Podium Daptop VGA Adaptors:	DLaser Pointer/Powerpoint Clicker MAC DHDMI □ Surface	□ DVD/VHS □ DVD □ VHS □ Laser Pointer/Powerpoint Clicker Laptop/VGA Adaptors: □ MAC □ HDMI	Surface
	once the request form has been submitted a	meeting must be set up with a Coordinator.	
	TER - U-SU THEATER PACKAGES		☐ Bluetooth Audi
☐ Basic Sound - CD/Mp3 pla	나는 하다 하는 사람들이 사용되고 있습니다 말라고 있다면 하는데 하다.	□Podium	☐ Bluetooth Audi
☐ Full Sound - CD/Mp3 play —	그리다는 밥 있는 일을 잃었다면 하다 가장 하는데 하는데 바다를 보고 있다.	□ Di Box 2 available	
☐ HD Cinema - Projector, Bl —		ireless Mics ☐ Computer/Sound Connection	☐ Bluetooth Audi
그러면 이 그리고 있다는 하고 원하다 다 보었다.	um with Microphone, & 5 Table top Wireless Mics	fireless Mics Blu-Ray or DVD/VHS Player S Projector w/ computer sound connection	☐ Bluetooth Audi
<u>했다</u> 하시다 하는 것으로 하는 것이 없는 그들은 것을 다시다.	그리아 그 이번 함께 수십시다. 그리는 그리는 그리고 있는 그 얼마를 받는 것이다.	nsh	
☐ Basic Stage Lighting - Sta	ge Wash, Side Light, Down Wash, LED, & Cyc Wa □ MAC □ HDMI □ Surface	대통 보다는 경기 가는 사람들이 가득하고 하는 것이 되었다. 이 기가는 속하는 보다는 생각이 되었다는 것 같아 보다는	
□ Basic Stage Lighting - Sta □ Full Stage Lighting - Sta □ Laptop VGA Adaptors: I Reservation Ag	□ MAC □ HDMI □ Surface greement	ass this information to either the main contact or the event o	contact of this even
□ Basic Stage Lighting - Stage Lighting - Stage Lighting - Sta □ Full Stage Lighting - Sta □ Laptop VGA Adaptors: I Reservation Ag understand initialing t Name	□ MAC □ HDMI □ Surface greement his agreement gives me the responsibility to pa	ass this information to either the main contact or the event of	
Basic Stage Lighting -	MAC HDMI Surface greement his agreement gives me the responsibility to page to come and sign my Reservation Confirmation	on after 2 business days from notification, will result in an a u	
Basic Stage Lighting - S Full Stage Lighting - Sta Laptop VGA Adaptors: I Reservation As Junderstand initialing t Name I understand that failure I understand ALL events Understand if no upda	☐ MAC ☐ HDMI ☐ Surface Greement his agreement gives me the responsibility to page to come and sign my Reservation Confirmations must be finalized NO later than 2 business date.	on after 2 business days from notification, will result in an au ays prior to the event date. as days after submitting Request Form, it is the	
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Basic Stage Lighting - Stage Full Stage Lighting - Stage Full Stage Lighting - Stage Lighti	Breement his agreement gives me the responsibility to page to come and sign my Reservation Confirmation is must be finalized NO later than 2 business date on reservation request is received 3 business lub/organization's responsibility to follow up went contact, will need to present an ID in order to the reservation.	on after 2 business days from notification, will result in an au ays prior to the event date. ss days after submitting Request Form, it is the with our office.	itomatic cancellatio

STUDENT ORGANIZATION EVENT REGISTRATION





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:	toudant Academy of Audioli	DAY OF SULA PHONE:	DA	TE: 1/23/16
EVENT CONTACT NAME:		# #	EMAIL:	
NAME OF EVENT:	presentation	LOCATION:	1A - C	,
EVENT DATE: 517 1 (4)	BEGIN TIME: V3 j END	TIME: 4:36 ESTIN	1ATED ATTENDANCE:	<i>1,8</i> 0
- Immed	RSITY'S GENERAL RELEASE WILL BE REC EDUCATIONAL PROGRAM SOCIAL PROGRAM	QUIRED FOR CERTAIN EVENTS.) SPIRITUAL PROGRAM COMMUNITY SERVICE SPEAKER/PANEL	RECREATIONAL PROG	
SPORTS ACTIVITY OR COM BONFIRE AMPLIFIED SOUND (MIC.	INDOOR/OUTDO	Speciment.	NTERNATIONA TRAVEL	COPY
A presentation As well as	focused on audicolo , a networking o	gg and related apportunity for	hearing pot those who	hologies, attend
HOW WILL YOU MARKET THI	S EVENT? (CHECK ALL THAT APPL	Y)		
PRINTED POSTCARDS P	RINTED POSTERS/FLIERS SOCIAL M		OTHER	word of mout
WHO WILL BE INVITED? (CHE	CK ALL THAT APPLY):			
STUDENT ORG, MEMBERS		OTHER COLLEGES & UNIV.	GENERAL PUBLIC	GUEST LIST
Events intended for the gen weekly email by the Center	neral Cal State LA campus will be lis for Student Involvement.	į	on Calendar of Events distr OT WISH FOR MY EVENT T	
	ISSION CHARGE, REGISTRATION FEE, on tregarding proceeds to benefit tran			!? NO ∐YES
WILL A MOVIE BE SHOWN?	NO YES (If yes, please attach	n written proof of viewing rights	5.)	
WILL THE EVENT HAVE SECU	RITY? NO YES If yes, plea	ase explain		77.50 77.50 77.50
WILL FOOD BE SERVED AT TI	HE EVENT? NO 🔯 YES	akatuan kapatan mengalakan kan kan mengan antah kan	<u></u>	
IF YES, WHO WILL PROVIDE	THE FOOD? UNIVERSITY CATER	RING OTHER:		
A completed food permit	t is required for all on-campus event	s with food unless the food is	provided by University Cate	ering.
WILL ALCOHOL BE PRESENT	* * * * * * * * * * * * * * * * * * * *	Please attach a completed re This form may take up to two v		
WILL THE EVENT BE HELD IN A F	RESTAURANT/VENUE WHERE ALCOHOL	, , , , , , , , , , , , , , , , , , ,		
If so, please af	firm organization members and g	uests will not consume alcoh	ol. PLEASE L TRAINED	LIST 2 TIPS and SVPT MEMBERS ON PAGE 2.
	E NOTIFIED ABOUT THE EVENT (N		MILL BEIN	E PROVIDE WHO /ITED ON PAGE 2.
DOES THE STUDENT ORGANIZ	ZATION WANT TO PURCHASE SPEC	CIAL EVENT INSURANCE FOR	THIS EVENT?	YES
the University-Student Union.	organization events are not covered Student organization officers or the a nce for a particular event, please conta	advisor may be held personally		

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.

proceeds that v	vill be raised to benefit	t the organization. Please i	nclude how much th	e organization will be charging	for any of thes	e proceeds.	
			SIGNATURE:			DATE:	
PRESIDENT: TREASURER:			SIGNATURE:			DATE:	
	ORGANIZATION ACC	OUNT #:		or APPROVED EXE	MPT STATUS: C	SI VERIFICATION	
0-20 210DENI	ORGANIZATION ACC	OUNI #.					·
EVENT G	UIDELINES				-		
to comply wi	th any of the followir events and use of fac	ng guidelines may result ilities. More information o	in disciplinary acti can be found onlir	tion. They are intended to bo on taken against the organiz e in the Student Organizatio	n Handbook.	g suspension of	
CONDUCT:	the organization to disc	ciplinary action by the Center f	or Student Involveme	· ·			'or
ALCOHOL:	alcoholic beverages of Beverages form in ad Approved alcohol co- members and two Se guidelines may be en	equires authorization from dition to this Event Registransumption events and ever xual Violence Prevention & forced.	the University. Your ation Form. Please a ats held where alcoh Resources Trained	ges, any event (on or off campu organization must complete an Ilow at least 3 weeks for this fo ol is available (but will not be c (SVPT) members to be in attend	nd submit a Req rm to be review consumed) requ dance of the en	uest to Serve Alcoholic red by the University. ire at least two TiPS certi tire event. Additional	ified
PUBLICITY:	marketing registered been registered. All p VALID THRU " sta	events are required to be s printed material may be pos amp must be clearly visible	tamped by CSI prion ted for up to a perion on the face of the p		emps can be ob es. For student c	organizations, the "POST	·
GENERAL RELEASE:	If your event will requ to comply with all ins	iire the use of general relea tructions provided by CSI, i	se waivers prior to on ncluding submitting	rganization member and guest all completed forms and reque	participation, y ested documen	our organization is requirets.	red
FOLLOW AL	L GUIDELINES SET FO	RTH BY THE UNIVERSITY. I ON BASED ON MY ORGANI	I ACKNOWLEDGE T IZATION'S REC P GN	RE THAT THE EVENT WHICH MAT THIS EVENT AND ANY ASTON STATUS.	SOCIATED EVE	NT SPACE RESERVATION	L L NS
A DVISO DI	NAME						
ADVISOR'S	OFO DAD				\	23/19	
CENTER CSI-VERIF ASSISTA	FOR STUDENT INV IES THE ORG. IS RECO NT DEAN OF STUD	(NOWLEDGME OLVEMENT (U-SU 204 OGNIZED BY THE UNIVERS ENTS: WELLNESS & EN	DITY	OFFICE USE ONL SIGNATURE VES DATE REQUIRED:	Y maaaaaa	ининининининининининин DATE: 1 — 2 ų — 1 9	
NOTIFI	CATIONS:						
PUB	LIC AFFAIRS	DATE:		ATHLETICS	DATE:		
DEP	T. OF PUBLIC SAFETY	DATE:		FACILITIES USE COORDINATOR	DATE:		
	20. 함께 하면 10. 이 시계 : 1 : 2 (20.)			U-SU BUSINESS OFFICE	DATE:		
புவ	ER;	DATE:				OHIDEMENTO)	



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) 343-2454

Type of Sponsor: Recognized Club/Org Cal State LA Department	ment Off-Campus Other
Organization Name: Student Academy of Audiology of Coultre	eservation Contact:
Phone Number: (S62)673 - 9449 Er	mail:
Date of Event*	tle of Event: SAA presentation
Access Start Time: 6:00 pm Event Start Time: 6:30 Ev	rent End Time: 9:30 Access End time: 9:30 pm
Event Contact: Ph	none Number:
Faculty/Staff Advisors Name Ex	xtension:
If you represent an off campus organization, please provide your billing address:	
J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	y/State/Zip Code:
SPECIAL EVENT INSURANCE CAN BE PROVIDED: Yes O If YES, sponsor must name the University, the California State additional insured. The gener	e University-Student Union, the State of California, the Trustee of the California State e University, Los Angeles, and their officers, agents, employees and volunteers as al liability limit must be of no less than one million dollars (\$1,000,000).
EVENT INFORMATION No 😡 If NO, sponsor will be requi	red to complete Event Insurance Assessment Form (Schedule B).
Please check YES or NO to the following statements regarding event details: (Additiona	I fees may apply)
Registration, admission fees, or donations are being accepted: There will be guests/participants that will be 51% or more from off-campus	YES ONO If so, please specify amount: \$
There will be a vendors fair or exhibitors as part of this event:	OYES Q NO If so, specify:
Alcohol will be served:	OYES ONO If so, an approved request to serve Alcoholic Beverages form must be submitted.
Food will be served:	YES ONO If so, who is providing? Whesty
This event is directly related to the educational mission of the University:	ØYES QNO
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:	OYES ONO If yes, please describe:
This event will include filming or recording:	YES NO If so, please specify:
The media will be notified about the event (newspapers, television, radio stations etc.): A movie/film/documentary will be shown at this event:	YES NO If so, specify: YES NO If so, viewing rights must be provided before event can be confirmed.
This event is co-sponsored by the U-SU or on-campus department	OYES NO If so, specify: CCC CSI Other:
VENT LOCATION ** Indicates Multi-Media Room (See back for details)	
☐ U-SU Theatre 106** ☐ Alhambra Room 305**	☐ Los Angeles Room 308A** ☐ Montebello Room 309
☐ Boardroom South 303A ☐ Pasadena Room 307	☐ Los Angeles Room 308B** ☐ San Gabriel Room 313**
☐ Boardroom North 303B** ☐ Los Angeles Room 308ABC**	☐ Los Angeles Room 308C**
☐ Boardroom North & South 303** ☐ Los Angeles Room 308BC**	
PREFFERED ROOM SET UP	Expected Attendance Setup Count:
	n Style :
☐ Conference Style • ☐ Classroom Style ☐ ☐ Discussi	on Circle (For specialized setups, sponsors will need to meet with a coordinator for more details.)
ADDITIONAL EQUIPMENT - For additional details such as panels, food tables, info	ormation tables, easels, please provide more information below.
	4 12
Ory/Erase Markers Riser Staging Easel (up to 4) Table NOTES:	es 1 Chairs 12 Cocktail Tables
	1 /22 /19
Requestor's Signature:	Date:
Refore You sign please review your information at the	front/back of this page to ensure accuracy.

PASADENA MONTEBELLO MP3 Playback FM Radio Wireless M Wireless M Music Play MCCESSORIES DVD/VHS Laser Pointer/Powerpoint Clicker Laptop VGA Adaptors: MAC HDMI Surface Surface DVD/VG	responsible for providing their o	dd accessorles below C Side C C Side C wn laptop um, Projector,
ACCESSORIES Non-Amplified Podium Laser Pointer/Powerpoint Clicker Laptop VGA Adaptors: MAC MI HDMI Surface Note: To reserve the theatre, once the request form has been submitted a meeting must be set to the set of the	Nicrophone: Hand-held Up Nicrophone: Lava lier (Clip Mic)	to 2
□ HD Cinema - Projector, Blu-Ray, THX, DVD/VHS player □ 2 Wireless Mics □ Com □ Presentation - Projector, Computer/Sound connection, Podium □ 3 Wireless Mics □ Blu- □ Discussion Panel - Podium with Microphone, & 5 Table top Wireless Mics □ Proj □ Basic Stage Lighting - Stage Wash □ Full Stage Lighting - Stage Wash, Side Light, Down Wash, LED, & Cyc Wash □ Folk □ Laptop VGA Adaptors: □ MAC □ HDMI □ Surface Reservation Agreement □ Lunderstand initialing this agreement gives me the responsibility to pass this information to Name: □ Lunderstand that failure to come and sign my Reservation Confirmation after 2 business day □ Lunderstand ALL events must be finalized NO later than 2 business days prior to the event of Lunderstand if no update on reservation request is received 3 business days after submitting		☐ Bluetooth Audio
□ HD Cinema - Projector, Blu-Ray, THX, DVD/VHS-player □ 2 Wireless Mics □ Com □ Presentation - Projector, Computer/Sound connection, Podium □ 3 Wireless Mics □ Blu- □ Discussion Panel - Podium with Microphone, & 5 Table top Wireless Mics □ Proj □ Basic Stage Lighting - Stage Wash □ Full Stage Lighting - Stage Wash, Side Light, Down Wash, LED, & Cyc Wash □ Foll □ Laptop VGA Adaptors: □ MAC □ HDMI □ Surface Reservation Agreement □ Lunderstand initialing this agreement gives me the responsibility to pass this information to Name: □ Lunderstand that failure to come and sign my Reservation Confirmation after 2 business day □ Lunderstand ALL events must be finalized NO later than 2 business days prior to the event of Lunderstand if no update on reservation request is received 3 business days after submitting	ox 2 available	☐ Bluetooth Audio
□ Discussion Panel - Podium with Microphone, & 5 Table top Wireless Mics □ Propulation □ Basic Stage Lighting - Stage Wash □ Full Stage Lighting - Stage Wash, Side Light, Down Wash, LED, & Cyc Wash □ Laptop VGA Adaptors: □ MAC □ HDMI □ Surface Reservation Agreement □ understand initialing this agreement gives me the responsibility to pass this information to Name: □ I understand that failure to come and sign my Reservation Confirmation after 2 business days □ I understand ALL events must be finalized NO later than 2 business days prior to the event of I understand if no update on reservation request is received 3 business days after submitting	puter/Sound Connection	☐ Bluetooth Audio
□ Discussion Panel - Podium with Microphone, & 5 Table top Wireless Mics □ Propulation Stage Lighting - Stage Wash □ Full Stage Lighting - Stage Wash, Side Light, Down Wash, LED, & Cyc Wash □ Follow Laptop VGA Adaptors: □ MAC □ HDMI □ Surface Reservation Agreement □ understand initialing this agreement gives me the responsibility to pass this information to Name: □ I understand that failure to come and sign my Reservation Confirmation after 2 business day □ I understand ALL events must be finalized NO later than 2 business days prior to the event of I understand if no update on reservation request is received 3 business days after submitting the submitted in	Ray or DVD/VHS Player	☐ Bluetooth Audie
Reservation Agreement understand initialing this agreement gives me the responsibility to pass this information to Name: I understand that failure to come and sign my Reservation Confirmation after 2 business day I understand ALL events must be finalized NO later than 2 business days prior to the event of I understand if no update on reservation request is received 3 business days after submitting	ector w/ computer sound connection	☐ Bluetooth Audi
understand initialing this agreement gives me the responsibility to pass this information to Name: Understand that failure to come and sign my Reservation Confirmation after 2 business day Understand ALL events must be finalized NO later than 2 business days prior to the event of Understand if no update on reservation request is received 3 business days after submitting	ow spot (Requres tech @ hourly rate)	
Name: I understand that failure to come and sign my Reservation Confirmation after 2 business day. I understand ALL events must be finalized NO later than 2 business days prior to the event of the later than 2 business days after submitting the later than 3 business d	aish a sha anain contact as the grount of	contact of this even
I understand ALL events must be finalized NO later than 2 business days prior to the event of later than 2 business days after submitting. I understand if no update on reservation request is received 3 business days after submitting.		
I understand if no update on reservation request is received 3 business days after submittin	s from notification, will result in an au	tomatic cancellatio
understand if no update on reservation request is received 3 business days after submitting		
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		ntact 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.	

Processed by: _____ New Request

OFFICE USE ONLY

Revised/Updated Request

O Res#____

Updated 8/6/2018

STUDENT ORGANIZATION COMPLETED

purchase Special Event Insurance for a particular event, please contact CSI.



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: Studenty of Audiology of SMA PHONE: DATE: 123 19	<u> </u>
EVENT CONTACT NAME: EMAIL:	
NAME OF EVENT: SAA Presentation LOCATION: LA -BC	
EVENT DATE: 3 2 9 BEGIN TIME: 6:30 END TIME: 9.30 ESTIMATED ATTENDANCE: # 80	
TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.) PROCEEDS TO BENEFIT DEDUCATIONAL 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)	D
SPORTS ACTIVITY OR COMPETITION BEACH/FOREST/PARK CLEAN-UP INTERNATIONAL TRAVEL BONFIRE INDOOR/OUTDOOR COOKING DOMESTIC TRAVEL AMPLIFIED SOUND (MIC.)	
PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):	
A presentation focused on audiology and newted heaving pathologies. As well as, a networking opportunity for those who attend.	
HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)	╝.
PRINTED POSTCARDS PRINTED POSTERS/FLIERS SOCIAL MEDIA:	
WHO WILL BE INVITED? (CHECK ALL THAT APPLY): STUDENT ORG. MEMBERS CAL STATE LA COMMUNITY OTHER COLLEGES & UNIV. GENERAL PUBLIC GUEST LIE	<u> </u>
Events intended for the general Cal State LA campus will be listed in the Student Organization Calendar of Events distributed in a biweekly email by the Center for Student Involvement. NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.	men.
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? YES If yes, please explain	
WILL FOOD BE SERVED AT THE EVENT? NO YES	
IF YES, WHO WILL PROVIDE THE FOOD? VUNIVERSITY 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? 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	
If so, please affirm organization members and guests will not consume alcohol. PLEASE LIST 2 TIPS and SVPT TRAINED MEMBERS ON PAGE	2.
WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? 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 the University-Student Union. Student organization officers or the advisor may be held personally liable. If the student organization would like	ır o

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STATEME	NT REGARDIN	G PROCEEDS TO B	ENEFIT TR	ANSACTIONS	*,	· · · · · · · · · · · · · · · · · · ·	
As officers of th	is recognized student of	organization at Cal State LA, w	e affirm that all p	roceeds raised or assets assigned v	vill be used	solely for tl	ne benefit of the
organization as	a whole. Further, it is	affirmed that no proceeds or a	issets of this orga will comply with a	nizations will accrue to the benefit Il University policies and procedure	or any office es including l	r, member, out not lim	ited to ICSUAM
Policy 3141 01	and the Cal State LA S	tudent Organization Funds Ad	Iministration Polic	y. Describe the admission charge	, registratio	n, participa	ation fee, or any
proceeds that	will be raised to benef	it the organization. Please inc	clude how much	the organization will be charging f	or any of the	ese procee	eds.
					1200	ZW.	
555015511 5			SIGNATURE			DATE	: 1
PRESIDENT: TREASURER:			SIGNATURE			DATE	: 7/3/6
	ORGANIZATION ACC	COUNT #:		or APPROVED EXEM	NPT STATUS:	CSI VERIF	ICATION
0-30 310DEI11	OKO/WILL WORLD				-		
EVENT G	UIDELINES						
The following	guidelines are prov	ided for the benefit of the s	student organiz	ation. They are intended to be tion taken against the organiza	followed c	ompletely ing suspe	∕. Failure ension of
to comply wi recognition, o	events and use of fa	cilities. More information ca	an be found onl	ine in the Student Organization	i Handbooi	ζ.	
CONDUCT:	The organization assur	mes full responsibility for the cond	duct of participants	at the event. Any violation of Universi	ity policy may	subject the	participants and/or
	-	sciplinary action by the Center for			، با در در نام ا	tha can	sumption of
ALCOHOL:	In accordance with A	Administrative Procedure 019 -	- Alcoholic Bever ne University. You	ages, any event (on or off campus Ir organization must complete and) that involv I submit a Re	es the con equest to 9	Serve Alcoholic
	Reverages form in a	ddition to this Event Registrati	ion Form. Please	allow at least 3 weeks for this form	n to be revie	ewed by th	ne University.
	Approved alcohol co	onsumption events and events	s held where alco	hol is available (but will not be co d (SVPT) members to be in attenda	nsumed) rec ance of the 6	quire at lea entire ever	ist two 11P5 certifie it. Additional
	members and two 5		resources trainer	1 (3VI I) Members to be in attende		5,,,,,,,,	
		·	Administrative Pr	ocedures AP P003 and AP P007.	All printed r	narketing t	to be used for
PUBLICITY:		l avante are required to be sta	imped by CSI pri	or to their approved posting. Stan	nps can be c	optained a	itel the event has
	been registered. All VALID THRU " si	printed material may be poste tamp must be clearly visible or	ed for up to a per n the face of the	iod of fourteen (14) calendar days. posting.	roi studen	LOIGAINZAL	1013, 416 1 001111
GENERAL	If your event will rea	uire the use of general release	e waivers prior to	organization member and guest p	articipation	, your orga	inization is required
RELEASE:	to comply with all in	structions provided by CSI, inc	cluding submittin	g all completed forms and reques	tea aocume	ents.	
MY SIGNATU	JRE BELOW INDICATE	S THAT I WILL TAKE RESPON	ISIBILITY TO ENS	URE THAT THE EVENT WHICH MY THAT THIS EVENT AND ANY ASS	ORGANIZA OCIATED EV	TION IS SI ENT SPAC	PONSORING WILL E RESERVATIONS
FOLLOW AL	L GUIDELINES SET FO BJECT TO CANCELLAT	ION BASED ON MY ORGANIZ	ATION'S RECOG	NITION STATUS.			, · · · · ·
	ORG. OFFICER'S NA		SIGNATURE	EASE USE TLUE OR BLACK INK ONLY	DAT		119
						123	1171
ADVISOR'	S NAME					1/23	119
,						125	
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111111111111111111111111111111111111111	AC	KNOWLEDGMEN	NT - FOR	OFFICE USE ONLY	(mananana		
		VOLVEMENT (U-SU 204)	"Take the second of the second	SIGNATURE:		U	evire.
CSI VERII	FIES THE ORG. IS REC	OGNIZED BY THE UNIVERSIT	ty	w Am			24-19
1.00 mg/s		DENTS: WELLNESS & ENG					
	공하하다는 비교 없이 하지 않아야다.	RED FOR ALL PARTICIPAN		YES DATE REQUIRED:			
GENERA	L RELEASE REGUIP	(ED FOR ALL PARTICIPAL)	13. LINO L	J FES DATE REGULES.	***************************************	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NOTIFI	CATIONS:			하는 보기 이 등록적으로 될 것도 보고 기타 등 기가 기가 있다.	ائر داداد. استون		
☐ PUE	BLIC AFFAIRS	DATE:		ATHLETICS	DATE:		***************************************
	PT. OF PUBLIC SAFETY	DATE:		FACILITIES USE COORDINATOR	DATE:		************************
П		DATE		U-SU BUSINESS OFFICE	DATE:		



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for: Event # E35759 on: Tuesday, March 26, 2019

Client/Organization	Event Date
Student Academy of Audiology	3/26/2019 (Tue)
Address	A
5151 State University Drive	

Booking Contact		Event #
		E35759
City, St/Prov Postal	Booking Tel	Guests
Los Angeles, CA 90032		50 (Act)

Party Name Sales Rep
Student Academy of Audiology Amanda Tapia

Theme	Category	

				Ven	ue			
Description T	Гуре	Start	End				Banquet Room	Setup Style
		5:15 pm	5:30 pr	n			Off-Site	Delivery
	Food &	Beverage						
Food/Service Items		Unit	Price	Total				
Delivery to USU-LA TBD for 5:30pm	A Room							
(50) Disposables		Guest(s)	0.50	25.00				
(1) Pepperoni Pizza 12)	(Slice of	Each	14.00	14.00				
(1) Vegetarian Pizza 12)	a (Slice of	Each	14.00	14.00				
(1) Tomato Basil Pi of 12)	zza (Slice	Each	12.00	12.00	•			
(1) Small - Mixed B (15-25pp) w/ Lemor Viniagrette		Bowl(s)	45.00	45.00				
(1) Turkey & Chees Sandwiches	e Tea	Dozen(s)	12.00	12.00			e e e e e e e e e e e e e e e e e e e	
(1) Cucumber Crear Tea Sandwiches	n Cheese	Dozen(s)	12.00	12.00				
(3) Achiote Chicken With Soy Ginger Sa		Dozen(s)	24.00	72.00				•
(2) Vegetable Pot St Sesame ginger Sauc		Dozen(s)	22.00	44.00				
(1) Pink Lemonade		Gallon(s)	22.00	22.00				
Water Service								

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	250.00	22.00	0.00	0.00	0.00	0.00	0.00	272.00
Service Charge	40.46	3.74	0.00	0.00	0.00	0.00	0.00	44.20
Taxes	27.59	2.45	0.00	0.00	0.00	0.00	0.00	30.04
Total	318.05	28.19	0.00	0.00	0.00	0.00	0.00	346.24

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