



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: Eddie Nguyen

Organization

Club/Organization: Student Academy of Audiology at Cal state

Event Title: SAA-Event and Presentation

Date(s) of Event: 3/26/19-5-7-19

Semester: _____

Location of Event: LA-BC

Expected Total Attendance: 52

Expected Attendance of Cal State LA Students: 50

Event Description and Total Cost Breakdown

Briefly describe the event:

A presentation focused on Audiology and related hearing pathologies.
Networking opportunities for those who attend as well.

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

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

Students will have opportunities to explore higher education options and careers in the field audiology. Hearing health will also be discussed.

Hospitality

Description	Amount
Student Union Catering	\$348.48
Student Union Catering	\$348.48

Honoraria/Contracts

Description	Amount

Marketing

Description	Amount
Web site account-set up for Org.	\$144.00

Other

Description	Amount

Event Summary

Total Cost of Event: \$840.96

Amount Requested from ASI: \$840.96

Amount from other sources: \$0.00

What other resources are you employing for this event?

NONE

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:

SK

13 MAR 2019 10:11:05

**STUDENT ACADEMY OF AUDIOLOGY
AT CAL STATE LA**

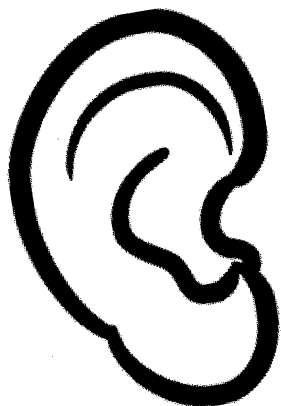
SAA CRAM SESH!

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



USU - THEATRE

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.



Golden
Eagle
Hospitality

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

Client/Organization Student Academy of Audiology	Event Date 5/7/2019 (Tue)	Booking Contact [REDACTED]	Event # E35760
Address 5151 State University Drive		City, St/Prov Postal Los Angeles, CA 90032	Booking Tel [REDACTED]
Party Name Student Academy of Audiology	Sales Rep Amanda Tapia	Theme	Guests 50 (Act)
		Category	

Venue

Description	Type	Start	End	Banquet Room	Setup Style
		5:15 pm	5:30 pm	Off-Site	Delivery

Food & Beverage

Food/Service Items	Unit	Price	Total
Delivery to USU-LA Room TBD for 5:30pm			
(50) Disposables	Guest(s)	0.50	25.00
(1) Pepperoni Pizza (Slice of 12)	Each	14.00	14.00
(1) Vegetarian Pizza (Slice of 12)	Each	14.00	14.00
(1) Tomato Basil Pizza (Slice of 12)	Each	12.00	12.00
(1) Small - Mixed Baby Greens (15-25pp) w/ Lemon Vinaigrette	Bowl(s)	45.00	45.00
(1) Turkey & Cheese Tea Sandwiches	Dozen(s)	12.00	12.00
(1) Cucumber Cream Cheese Tea Sandwiches	Dozen(s)	12.00	12.00
(3) Achiote Chicken Skewers With Soy Ginger Sauce	Dozen(s)	24.00	72.00
(2) Vegetable Pot Stickers with Sesame ginger Sauce	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)



CALIFORNIA STATE UNIVERSITY, LOS ANGELES
UNIVERSITY STUDENT UNION

RECEIVED JAN 24 2019

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 ☐ Off-Campus ☐ Other

Organization Name: Student Academy of Audiology of CSULA

Reservation Contact: _____

Phone Number: _____

Email: _____

Date of Event*: 5/7/19

Title of Event: SA presentation

Access Start Time: 6:00 pm

Event Start Time: 6:30 pm

Event End Time: 9:30 pm

Access End time: 9:30 pm

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: (Additional fees may apply)

Registration, admission fees, or donations are being accepted:

☐ YES ☒ NO

If so, please specify amount: \$ _____

There will be guests/participants that will be 51% or more from off-campus

☐ YES ☒ NO

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

☐ YES ☒ NO

If so, specify: _____

Alcohol will be served:

☐ YES ☒ NO

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

Food will be served:

☒ YES ☐ NO

If so, who is providing? university

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:

☐ YES ☒ NO

If so specify: _____

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

☐ YES ☒ NO

Decorations, banners, or signs will be displayed:

☐ YES ☒ NO

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.):

☐ YES ☒ NO

If so, specify: _____

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

☐ 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 ☐ Other: _____

EVENT 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**

PREFERRED ROOM SET UP

☒ Theatre Style

☐ Banquet Style

☐ Reception Style

☐ Specialized

Expected Attendance ☒ Setup Count: 80

☐ Conference Style

☐ Classroom Style

☐ Discussion 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, information tables, easels, please provide more information below.

☐ Dry/Erase Markers

☐ Riser Staging

☐ Easel (up to 4) _____

Tables 4

Chairs 12

Cocktail Tables _____

NOTES :

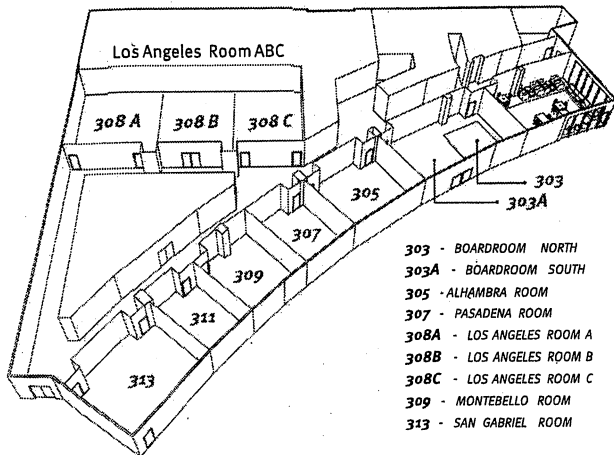
Requestor's Signature: _____

Date: 1/23/19

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

☐ **LOS ANGELES ROOM CONCERT PA** (For Bands Only)

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
	<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

<input type="checkbox"/> Basic Sound - CD/Mp3 player with 1 Wireless Mic	<input type="checkbox"/> Podium	<input type="checkbox"/> Bluetooth Audio
<input type="checkbox"/> Full Sound - CD/Mp3 player <input type="checkbox"/> Wireless Mics _____ 5 available	<input type="checkbox"/> DI Box _____ 2 available	<input type="checkbox"/> Bluetooth Audio
<input type="checkbox"/> HD Cinema - Projector, Blu-Ray, THX, DVD/VHS player <input type="checkbox"/> 2 Wireless Mics	<input type="checkbox"/> Computer/Sound Connection	<input type="checkbox"/> Bluetooth Audio
<input type="checkbox"/> Presentation - Projector, Computer/Sound connection, Podium <input type="checkbox"/> 3 Wireless Mics	<input type="checkbox"/> Blu-Ray or DVD/VHS Player	<input type="checkbox"/> Bluetooth Audio
<input type="checkbox"/> Discussion Panel - Podium with Microphone, & 5 Table top Wireless Mics	<input type="checkbox"/> Projector w/ computer sound connection	<input type="checkbox"/> Bluetooth Audio
<input type="checkbox"/> Basic Stage Lighting - Stage Wash		
<input type="checkbox"/> Full Stage Lighting - Stage Wash, Side Light, Down Wash, LED, & Cyc Wash	<input type="checkbox"/> Follow spot (Requires tech @ hourly rate)	
<input type="checkbox"/> Laptop VGA Adaptors: <input type="checkbox"/> MAC <input type="checkbox"/> HDMI <input type="checkbox"/> 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/departments/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

Processed by: _____

☐ New Request

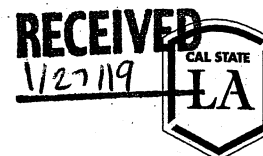
☐ Revised/Updated Request

☐ Res# _____

Updated 8/6/2018

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: Student Academy of Audiology of (SAA) PHONE: [REDACTED] DATE: 1/23/19
EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]
NAME OF EVENT: SAA presentation LOCATION: LA - C
EVENT DATE: 5/17/19 BEGIN TIME: 6:30 END TIME: 9:30 ESTIMATED ATTENDANCE: 200

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 (mic.) ☐ ANIMALS

COPY

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

A presentation focused on audiology and related hearing 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: [REDACTED] ☒ OTHER: word of mouth

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 ORGANIZATION?

(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]

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.)? ☒ 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 advisor 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:

ADVISOR'S NAME

1/23/19

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)

SIGNATURE

DATE:

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:

☐ PUBLIC AFFAIRS

DATE: _____

☐ ATHLETICS

DATE: _____

☐ DEPT. OF PUBLIC SAFETY

DATE: _____

☐ FACILITIES USE COORDINATOR

DATE: _____

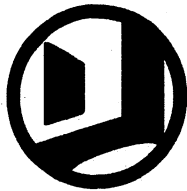
☐ OTHER: _____

DATE: _____

☐ 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

RECEIVED JAN 24 2019

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 ☐ Off-Campus ☐ Other

Organization Name: Student Academy of Audiology of CSU Reservation Contact: _____

Phone Number: (562) 673-9449 Email: _____

Date of Event*: _____ Title of Event: SAA presentation

Access Start Time: 6:00 pm Event Start Time: 6:30 Event End Time: 9:30 Access End time: 9:30 pm

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: (Additional fees may apply)

Registration, admission fees, or donations are being accepted: ☐ YES ☒ NO If so, please specify amount: \$ _____

There will be guests/participants that will be 51% or more from off-campus: ☐ YES ☒ NO

There will be a vendors fair or exhibitors as part of this event: ☐ YES ☒ NO If so, specify: _____

Alcohol will be served: ☐ YES ☒ NO If so, an approved request to serve Alcoholic Beverages form must be submitted.

Food will be served: ☒ YES ☐ NO If so, who is providing? University

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: ☐ YES ☒ NO If so specify: _____

This event is a profit-making venture (i.e. product show, or solicitation of goods or services): ☐ YES ☒ NO

Decorations, banners, or signs will be displayed: ☐ YES ☒ NO 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.): ☐ YES ☒ NO If so, specify: _____

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

EVENT 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**

PREFERRED ROOM SET UP

☒ Theatre Style ☐ Banquet Style ☐ Reception Style ☐ Discussion Circle

☐ Conference Style ☐ Classroom Style

Expected Attendance ☒ Setup Count: 90

☐ 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 4 Chairs 12 Cocktail Tables _____

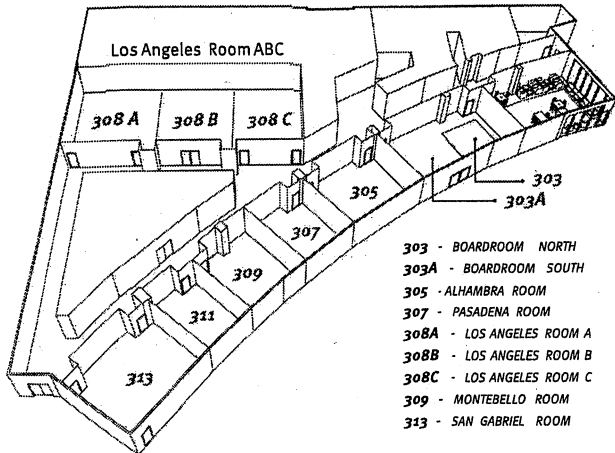
NOTES :

Requestor's Signature: _____ Date: 1/23/19

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

☐ **LOS ANGELES ROOM CONCERT PA** (For Bands Only)

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 - 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

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

PASADENA

MONTEBELLO

MEDIA CART OPTIONS

☐ LCD Projector ☐ Bluetooth

☐ MP3 Playback ☐ FM Radio

☐ Sound Connection

ACCESSORIES

☐ Non-Amplified Podium ☒ Laser Pointer/Powerpoint Clicker

☒ Laptop VGA Adaptors: ☐ MAC ☒ HDMI ☐ Surface

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: Lava lier (Clip Mic) _____ Up to 2

☐ Music Playback: ☐ iPod ☐ CD

☐ DVD/VHS ☐ DVD ☐ VHS

☐ 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

☐ DI Box _____ 2 available

☐ Computer/Sound Connection

☐ Blu-Ray or DVD/VHS Player

☐ Projector w/ computer sound connection

☐ Follow spot (Requires tech @ hourly rate)

☐ Bluetooth Audio

☐ Bluetooth Audio

☐ Bluetooth Audio

☐ Bluetooth Audio

☐ Bluetooth Audio

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

Processed by: _____

☐ New Request

☐ Revised/Updated Request

☐ Res# _____

Updated 8/6/2018

STUDENT ORGANIZATION EVENT REGISTRATION FORM

COMPLETED

**RECEIVED**

1/24/19



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: Student Academy of Audiology of CSULA PHONE: [REDACTED] DATE: 1/23/19

EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]

NAME OF EVENT: SHA presentation LOCATION: LA - BC

EVENT DATE: 3/26/19 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.)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> PROCEEDS TO BENEFIT | <input checked="" 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 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 type="checkbox"/> DOMESTIC TRAVEL |
| <input checked="" type="checkbox"/> AMPLIFIED SOUND (mic) | <input type="checkbox"/> ANIMALS | |

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

A presentation focused on audiology and related hearing pathologies. As well as, a networking opportunity for those who attend.

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

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> PRINTED POSTCARDS | <input checked="" type="checkbox"/> PRINTED POSTERS/FLIERS | <input type="checkbox"/> SOCIAL MEDIA: [REDACTED] | <input checked="" type="checkbox"/> OTHER: <u>word of mouth</u> |
|--|--|---|---|

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

If so, please affirm organization members and guests will not consume alcohol.

Initials [REDACTED]

PLEASE LIST 2 TIPS and SVPT TRAINED MEMBERS ON PAGE 2.

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 advisor 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: 1/23/19

ADVISOR'S NAME _____

1/23/19

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)

SIGNATURE: _____

DATE: 1-24-19

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:

☐ PUBLIC AFFAIRS

DATE: _____

☐ ATHLETICS

DATE: _____

☐ DEPT. OF PUBLIC SAFETY

DATE: _____

☐ FACILITIES USE COORDINATOR

DATE: _____

☐ OTHER: _____

DATE: _____

☐ U-SU BUSINESS OFFICE

DATE: _____

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



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Golden
Eagle
Hospitality

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

Client/Organization Student Academy of Audiology	Event Date 3/26/2019 (Tue)	Booking Contact [REDACTED]	Event # E35759
Address 5151 State University Drive		City, St/Prov Postal Los Angeles, CA 90032	Booking Tel [REDACTED]
Party Name Student Academy of Audiology	Sales Rep Amanda Tapia	Theme	Category
			Guests 50 (Act)

Venue

Description	Type	Start	End	Banquet Room	Setup Style
		5:15 pm	5:30 pm	Off-Site	Delivery

Food & Beverage

Food/Service Items	Unit	Price	Total
Delivery to USU-LA Room TBD for 5:30pm			
(50) Disposables	Guest(s)	0.50	25.00
(1) Pepperoni Pizza (Slice of 12)	Each	14.00	14.00
(1) Vegetarian Pizza (Slice of 12)	Each	14.00	14.00
(1) Tomato Basil Pizza (Slice of 12)	Each	12.00	12.00
(1) Small - Mixed Baby Greens (15-25pp) w/ Lemon Vinaigrette	Bowl(s)	45.00	45.00
(1) Turkey & Cheese Tea Sandwiches	Dozen(s)	12.00	12.00
(1) Cucumber Cream Cheese Tea Sandwiches	Dozen(s)	12.00	12.00
(3) Achiote Chicken Skewers With Soy Ginger Sauce	Dozen(s)	24.00	72.00
(2) Vegetable Pot Stickers with Sesame ginger Sauce	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)