FUNDING REQUEST FORM

2019-2020

TONDING REGUEST TORW 2019-2020						
PART 1 - NOTICE & CHECKLIST						
1. All Funding Request Forms must be submitted by 12 PM Friday, the week before the Funding Sub-Committee Meetings. 2. 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.						
EVENT FLYER WITH ASI LOGO CSI EVENT	REGISTRATION FORM	ESTIMAT	ES/FOOD PERMITS	EVENT ESTIMATES / INVOICES		
PART 2 - CONTACT & ORGANIZATION						
OFFICER NAME:		CLUB/ORG:	Healthcare Leadership A	Association		
TITLE:		EVENT TITLE: Comprehensive Exam Review				
ADDRESS:		DATE(S) OF EVENT: $10/10 \& 10/17/20$ SEMESTER: FALL				
CITY: STATE: ZIP:		EVENT LOCATION: Zoom				
PHONE:DoEvMiighted:by	EXPECTED ATTENDANCE: 45					
SIGNATURE: Emmanul Okosisi		EXPECTED CAL STATE LA STUDENTS ATTENDANCE: 45				
C0788217E285477		<u>II</u>		- 1,20		
PART 3 - EVENT DESCRIPTION						
			HOW WILL THIS PROGRAM ENHANCE THE CAL STATE LA EXPERIENCE?			
BRIEFLY DESCRIBE THE EVENT: The Comprehensive Event paview is a	This event has been proven to help graduate students					
The Comprehensive Exam review is a	to suceed in the comprehensive exam in completion of					
to prepare MS HCM students for the exam.	comprehensive		ter's degree. This event w			
exam.		necessary	skills, techniques, and k	nowledge.		
	DART 4 - COS	T DDEAK	DOWN			
PART 4 - COST BREAKDOWN						
Table cloth	200.00	DESCRIPT	ION.	AMOUNT:		
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DESCRIPTION:	AMOUNT:	DESCRIPTION: AMOUNT:				
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3						
PART 5 - EV	ENT SUMMARY					
TOTAL COST OF THE EVENT	200.00		OFFICE USE ONLY			
TOTAL REQUESTED FROM ASI	140.00		STAFF INITIALS			
AMOUNT FROM OTHER SOURCES	00.00		TIME STAMP:			
WHAT OTHER RESOURCES ARE YOU EMPLOYING FOR THIS EVENT:			Time Stam.			
THE CHIER RESOURCES ARE TOO EMPEOTING FOR THIS EVENT.						





Event Registration



HLA Comprehensive Exam Review Session 2

Submitted By:

9/6/2020 12:46:11 PM

Basic Information

Student organizations must complete and submit this form at least 10 business days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed.

Please select the type of organization who will be hosting this event.

Student Organization

Host Organization Name

What Organization/Department is hosting the event? Healthcare Leadership Association

Event Name

HLA Comprehensive Exam Review Session 2

Estimated Attendance

Please describe the estimated attendance of participants for this event. Please note that based on your response, your organization may need to comply with additional campus policies and procedures before this event can be registered. For more information please refer to the Student Organization Handbook sections on Ticketing and Guidelines for Campus Facility Reservation.

60

About the event

Please describe what this event is about and include all intended activities that will take place.

The Comprehensive Exam review is a series of review sessions to prepare MS HCM students for the comprehensive exam. This event has been proven to help graduate students to succeed in the comprehensive exam in the completion of their Master's degree. This event will equip them with the necessary skills, techniques to answer the exam. The review sessions will effectively prepare HCM students for the comprehensive exam via review sessions highlighting test-taking tips, integration, and application of concepts of management, strategy, information technology, healthcare law, and finance.

Time & Location

Start Date/Time

End Date/Time

10/17/2020 - 5:00 PM

Events that occur on non-consecutive dates will need to be registered separately per each date, (e.g. if you plan on having a food sale on multiple days in the month).

Where will the event take place?

What online platform will this event use to host the event? Zoom

Specific Online URL Information

Include the full link where participants can access the virtual event (Zoom link, etc) or a link to where they can find information on how to access the event (Linktree, website, etc.)

https://zoom.us/j/7688380082?pwd=T0pOYnBPd252YUcxK2FYNG9aQ2ZhZz09

Is a password required to gain access?

Yes

How can participants get access to the password?

By RSVP/Signing Up

Do participants need to RSVP?

Yes

How can participants RSVP for this event?

By email

Student Organization Officer and Advisor Contact Information

Only current organization officers can submit the Event Registration Form. Submitted forms will require Advisor approval prior to CSI approval.

Contact Person

Please provide the name of the officer submitting this form.

Officer Contact Phone Number

Contact Email

Provide the officer's email address.

Organization Advisor Phone Number Organization Advisor Name Organization Advisor Email Field Please ensure your advisor's email address is entered accurately. This Event Registration Form will be sent to your advisor for approval before CSI can approve it. Marketing No publicity may be distributed or posted online until this form has been submitted and approved. All publicity material must comply with University Administrative Procedures AP P003 and AP P007. For Fall 2020 only electronic or virtual forms of marketing will be approved for student organizations. How do you plan on marketing this event? Email Social Media Social Media Site Instagram Social Media Handle hla_csula Printed Media Upload* If you plan on marketing this event with printed media, please upload a copy for review. c17c34fa-0866-40be-97f3-4e33a51009b2.jpg What other methods of marketing will your organization use? None Who is invited to this event? Cal State LA Community

Will off-campus media be notified about this event?

Please select any of the categories above that best describes your event. Note, organization meetings do not need to be registered. For Fall 2020 all of these event categories must be held virtually.

Educational Workshop/Program

Will the event have an admission charge, registration fee, or raise any proceeds to benefit the organization

No

Will you be requesting funding from Associated Students, Incorporated?

For more information on Club and Organization Funding please visit: https://asicalstatela.org/services/clubs-and-organizations-funding Yes

For more information on Club and Organization Funding please visit: https://asicalstatela.org/services/clubs-and-organizations-funding. For any other questions contact the Vice President for Finance by calling 323-343-4778.

For this event, will your organization be seeking tax deductible private external fund raising support?

Are you seeking sponsorship from private individuals or external companies/organizations off campus that may require additional tax documentation? (Individual donations that do not require tax documentation do not count.)

No

Acknowledgment

AS AN OFFICER OF THIS ORGANIZATION, 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.

Signature Pad Field

2 okosa

Event Guidelines & Resources



Event Registration

[APPROVED] HLA Comprehensive Exam Review Session 1

Submitted By:

12:40:44 PM

Basic Information

Student organizations must complete and submit this form at least 10 business days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed.

Please select the type of organization who will be hosting this event.

Student Organization

Host Organization Name

What Organization/Department is hosting the event? Healthcare Leadership Association

Event Name

HLA Comprehensive Exam Review Session 1

Estimated Attendance

Please describe the estimated attendance of participants for this event. Please note that based on your response, your organization may need to comply with additional campus policies and procedures before this event can be registered. For more information please refer to the Student Organization Handbook sections on Ticketing and Guidelines for Campus Facility Reservation.

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About the event

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Time & Location

Start Date/Time

End Date/Time

10/10/2020 - 5:00 PM

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Will off-campus media be notified about this event?

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Cal State LA Community

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Signature Pad Field

C. 602i

Event Guidelines & Resources



HEALTHCARE LEADERSHIP ASSOCIATION

MS HCM COMP EXAM REVIEW

Maximize your learning with personalized sessions from MS HCM professors!

Session 1: 10/10/2020 2-5pm

Session 2: 10/17/2020 2-5pm

Join us via Zoom!





INVOICE # 200805

Preferred Printerz

Long Beach, CA

Bill To:

Date: Aug 20, 2020

Payment Terms:

UPON RECEIPT

Balance Due:

\$200.00

c/o Healthcare Leadership Association @ CSULA

Item	Quantity	Rate	Amount
TABLE CLOTH	1	\$200.00	\$200.00
		Total:	\$200.00

CSULA

NETWORKING MENTORSHIP SOCIAL IMPACT



ahla_csula