



COLLIN COLLEGE

Event Proposal Form

Please note that a submission of this form does not indicate automatic approval of the event, expenses, or services requested. For assistance, please contact your division staff. It is your responsibility to contact all applicable offices and personnel to reserve and promote the event. This form requires Associate Dean/Director, Dean, and Campus Provost approval.

PROPOSED EVENT DETAILS:

Frisco Campus: _____ McKinney Campus: _____ Plano Campus: _____ Tech Campus: _____ Wylie Campus

Initiative Name: _____

Event Name: _____

Event: New _____ Recurring _____

Initiative Faculty Lead(s): _____

Event Lead (If different): _____

Speaker(s)/Presenter Name(s) _____

REQUIRED: Sample of presentation must be included in bio (link)

Date of Event: _____

Start Time: _____

End Time: _____

Location: _____

Conference Services Pre-Reserve _____ Atrium _____ Conference Center _____ Classroom _____

Media Needs? Yes _____ No _____

If "Yes", list type of media _____

Media Reserved? Yes _____ No _____

Event Summary – Goal & Objective statement: _____

Expected number of attendees _____ Previous attendance _____

How will your attendees sign in? Sign in Sheets _____ ID Swipe using Cougar Connect _____ Other _____

Will you need division staff to assist with your event? Yes _____ No _____

If yes, what type of assistance is needed _____

MARKETING:

Do you want Marketing/ Publicity for the event? Yes _____ No _____

If “Yes”, what types of Marketing will you be requesting?

Cougarvision____ Posters/Flyers____ Email Blasts____ CougarConnect _____

Sales: Will anyone be selling anything at the event? Yes _____ No _____

If “Yes”, additional paperwork will be required for this request.

What will be sold and for what purpose? _____

How will the proceeds be used? _____

PUBLICITY AGREEMENT

I understand that all printing, mass emails and electronic materials developed to publicize this event must be reviewed by the Division Dean as well as the Campus Provost prior to distribution.

Initials _____

Date _____

CATERING:

Catering events must be approved by Conference Services.

Will you be serving any food or drinks? Yes _____ No _____

If yes, what food/drinks do you propose? _____

BUDGET:

Projected expenses and fund (check all that apply, approximate cost and requested source of funding for each):

Honorarium: _____
Division _____ SAFAC _____ Innovation Grant _____

Airfare: _____
Division _____ SAFAC _____ Innovation Grant _____

Per Diem: _____
Division _____ SAFAC _____ Innovation Grant _____

Catering: _____
Division _____ SAFAC _____ Innovation Grant _____

Printing: _____
Division _____ SAFAC _____ Innovation Grant _____

Other: _____

Describe other _____

Division _____ SAFAC _____ Innovation Grant _____

**If you have received a SAFAC award, the award letter must be attached to the event proposal.*

V.I.P.S:

Is a Dignitary (i.e., Board Member, Elected Official, Leadership Team, etc.) a Guest or Guest Speaker?

Yes _____ No _____

If yes, please include name(s) and title(s): _____

APPROVALS:

Event Coordinator

I certify that this event approval packet is complete -- that all fields are filled completely and accurately and that all required attachments are present and accurate.

Initials _____ **Date** _____

APPROVAL SIGNATURES:

Associate Dean _____ **Date** _____

Dean _____ **Date** _____

Are Campus Police needed for this event? Yes _____ No _____

Campus Provost _____ **Date** _____

Your division office/staff will notify you if more documentation is needed.

If your Event Proposal receives all approvals, you will receive a copy from the Campus Provost's office via email.