



STUDENT ORGANIZATION UniFORM for Event Proposals/Request for Funding/Travel Request

Organization (Check all that apply):

- ACCP (CPC) APhA-ASP AMCP ASHP ATP CPhA CPhA CSHP Honor Council
 Kappa Psi NCPA Phi Delta Chi SBC SNPhA UAEM UAEM WWRx Other: _____

Date (s): _____ **Location:** _____

Time: _____ **Address: (if not CNCP)** _____

Nature of Activity (Check all that apply):

- Professional Meeting (Nat/State/Local) Fundraising Class Project Other:
 Community Service Event Legislation Social _____

Description of Activity: _____

MUST ATTACH a Proposal including a detailed description of your event & reasoning for funding request

Alcohol involved? No Yes (If yes, please refer to the College's Alcohol Policy)

Benefits who (Check all that apply):

- | | | |
|---|--|--|
| <u>Students/Organization:</u> | <u>College:</u> | <u>Community:</u> |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Promoting the College | <input type="checkbox"/> Education |
| <input type="checkbox"/> Socialization | Other: _____ | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Development of Pharmacy Practice _____ | | <input type="checkbox"/> Advocacy |

Collaboration/Sponsorship/Organizations/Student Involvement:

LIST ALL NAMES OF ALL PERSONS INVOLVED IN THIS EVENT & CONTACT INFO (email or phone #)

	NAME/TITLE	CONTACT INFO
Local/State/National Organization		
Other Schools' Organizations		
Preceptor Site/Preceptors (Must be correct RATIO of Preceptors:		
Others (A list may be attached)		

Budget/Funding Requested?

- No Yes (If yes, FUNDING REQUEST Form MUST be attached and signed off by Advisor)

Marketing/Advertising/Educational Materials Displayed?

- No Yes Within the College Only Outside College Use of CNCP Logo Requested
 (If yes, all marketing/advertising/educational materials MUST be attached and signed off by Advisor)

Supplies Requested:

- No Yes (If yes, EVENT SUPPLIES CHECK OUT LIST form MUST be attached and signed off by Advisor)

Contact Info:

Primary Contact: _____	President: _____
Phone Number: _____	Phone Number: _____
Email: _____	Email: _____
Signature: _____	Signature: _____

ALL FORMS MUST BE COMPLETED, ATTACHED, SIGNED & APPROVED 14-21 DAYS PRIOR TO EACH EVENT

Advisor: _____ Date: _____

Comments: _____

Student Affairs Use Only

- Proposal Received by: _____ Signature _____
 Event Approved by: _____ Signature _____
 Event Posted to Web _____ Authorized Funding Amount: \$ _____

- Date: _____
 Date: _____
 Date submitted to finance: _____