PRESIDENTIAL EVENT REQUEST



EVENT NAME:					
EVENT DATE:					
Time event begins:					
Time program begins: Expected length of program: Has the president participated in this event before? Yes No What is the required attire for this event? OCCASION/EVENT PURPOSE (Please attach pertinent background information and/or provide links to helpful information):					
					ORGANIZATION:
					POINT OF CONTACT:
					Name and affiliation:
					Point of contact's phone #:
Point of contact's email:					
AUDIENCE:					
EVENT LOCATION:					
Address:					
Room:					
Phone:					
EXPECTED NUMBER OF ATTENDEES:					
OPEN TO PUBLIC? Yes No					
MEDIA EXPECTED:					
PHOTOGRAPHY: Take photos of the president? Yes No If yes, Staged or In action					
Has a photographer been hired? Yes No (Name of photographer)					
Please provide names of people to be photographed:					
NAME OF EMCEE:					
NAME OF PERSON INTRODUCING THE PRESIDENT:					

Yes	No		
TENDING	:		
.) L	.ong (15-20 min.)	Key	ynote speech
No			
YONE?	Yes No)	
idual(s) by	name? If so, who? I	nclude n	ame, title and phonetic pronunciation of name.
ESIDENT	TO EMPHASIZE:		
			er remote (to advance slides)
Headset i		ld mic	Podium mic
	No YONE? arate docuridual(s) by	YONE? Yes No arate document. ridual(s) by name? If so, who? I	No YONE? Yes No arate document. ridual(s) by name? If so, who? Include note that the second

PLEASE COMPLETE THIS FORM AND RETURN AT LEAST 2 WEEKS IN ADVANCE OF EVENT WITH AN ATTENDEE/GUEST LIST AND PROGRAM.

RETURN TO:

Office of the President (631) 632-4386 • Jaclyn.Ahearn@stonybrook.edu

