



OFFICE OF THE PRESIDENT

James L. Welch Hall (WH) 450

PHONE: (310) 243-3301

FAX: (310) 243-3858

President Event Attendance Request

Complete all sections of this form, pre-approved by your VP; use attachments if necessary.

Submit to universityevents@csudh.edu NO LATER THAN 4 WEEKS PRIOR TO THE EVENT.

Name of Meeting/Event: _____

Requestor: _____ Date: _____

Email: _____ Phone: _____

EVENT INFORMATION

Requested Date(s): _____

Time: _____ Location: _____

On-site Staff: _____ Contact Info: _____

Email: _____ Phone: _____

Attendance Requested For: President Vice President or Provost _____

of Guests Expected: _____ Attire: _____

EVENT DETAILS

Reservation/Registration Required? Yes No Tickets/Passes Required? Yes No

Event Format: _____
Meeting, reception, dinner, conference, etc.

Room Set-up: _____
Theatre, banquet tables, conference tables, classroom, etc.

Purpose of Event (goals, objectives, desired outcomes):

Empty text box for Purpose of Event

Describe the Audience (include names of honorees, elected officials, student groups and key constituents):

Empty text box for Describe the Audience



PRESIDENT REMARKS OR SPEECH

Requesting Remarks/Speech? Yes No

If yes, please specify: Welcome Keynote Other

If yes, please provide contact person for additional information & talking points:

Other, please specify: _____

FOLLOWING REQUIRE SPECIAL APPROVAL OR NOTIFICATION

Will a member of Congress, the state legislature, or other elected officials be involved? Yes No

Is media coverage expected? Yes No

Is a campus or community dignitary being formally recognized or honored? Yes No

Is this event of campus-wide significance (ground breaking, anniversary, etc.)? Yes No

Is this a Development event (donor recognition, alumni, etc.)? Yes No

Requesting Division: AA A&F SA IT UA

Vice President Recommendation: Yes No

Will VP/Designee attend: Yes No If so, who?

Approved by Office of the President: Yes No

Date: _____ Confirmation Sent: _____ Initials: _____