

# It's Never Too Early to Get Connected!

The Office of Alumni Relations

## Student Organization "Get Connected" Proposal Form

PLEASE TYPE

ORGANIZATION: \_\_\_\_\_ DATE REQUESTED: \_\_\_\_\_

Does this organization have an account through the Student Association? Yes \_\_\_ No \_\_\_

If no, what department will handle the bills? Dept: \_\_\_\_\_

### ORGANIZATION OFFICERS:

1) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

2) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**EVENT POINT PERSONS:** Please list two members who will be responsible for planning and executing your request. Both MUST be readily available by phone or email.

1) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

2) Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

### HOW WOULD YOU LIKE TO "GET CONNECTED?":

Speaker/Panel \_\_\_ Networking Reception/Event \_\_\_ Skype/Conference Call \_\_\_ General Communication \_\_\_

Other \_\_\_ Explain: \_\_\_\_\_

### IF A SPEAKER/PANEL OR NETWORKING RECEPTION/EVENT:

Event Name: \_\_\_\_\_ Expected # of Attendees: Students \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Alumni \_\_\_\_\_

Location: \_\_\_\_\_

Estimated cost of event: \_\_\_\_\_

Please note: Your organization is responsible for all costs related to your program. The figure above should include ALL expenses.

Do you plan to charge for the event?: Yes \_\_\_ No \_\_\_

If yes, what amount for students?: \_\_\_\_\_ For all other guests?: \_\_\_\_\_

Will you need help identifying appropriate speakers or participants?: Yes \_\_\_ No \_\_\_

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**Event Description:** *Why would you like to invite alumni to attend?*



**SIGNATURES:**

\_\_\_\_\_  
Student Organization Officer (print)

\_\_\_\_\_  
Signature

**Please note: Form will not be accepted without advisor's signature.**

I, \_\_\_\_\_, confirm that this organization is in good standing, that  
*Student Organization Advisor (print)*  
"....."we have discussed this plan, and that I am able and willing to continue support for planning efforts for this  
"....."program.

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Email

\_\_\_\_\_  
Advisor Phone

**Please submit your signed proposal at least 6 weeks in advance of anticipated function date.**

**Want to Get Connected? Questions?**  
Submit your signed Get Connected Proposal Form  
to Stacy Mohr at [smohr@alumni.rochester.edu](mailto:smohr@alumni.rochester.edu)  
or call 585.276.5960 for more information