PRESIDENTIAL EVENT REQUEST



EVENT DATE: Time event begins:
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 pho	otos of the p	president?	Ň	(es	No	lf yes,	Staged	or	In action	
Has a photographer been l Please provide names of p		Yes photographe	No ed:	(Nam	e of photo	grapher)				

NAME OF EMCEE:

NAME OF PERSON INTRODUCING THE PRESIDENT:

AWARDS: Will awards be presented? To whom?	Yes	No		
ORDER OF SPEAKERS:				
OTHER DIGNITARIES/ELECTED OFFICIALS A	ATTENDING	:		
TYPE OF PRESIDENTIAL REMARKS:Welcome (3-5 min.)Short (5-10 min.)	in.) L	_ong(15-20 min.)	Keyr	note speech
IS THIS A PANEL DISCUSSION? Yes If yes, who is the moderator?	No			
IS PRESIDENT EXPECTED TO INTRODUCE AI If yes, please provide bio information in a sep Does the president need to recognize any ind	parate docu			me, title and phonetic pronunciation of name.
THREE KEY POINTS YOU WOULD LIKE THE P 1.	RESIDENT	TO EMPHASIZE:		
2.				
3.				
3. WHAT EQUIPMENT IS AVAILABLE? Podium Confidence monitor	Drosset	tion screen	Dress	er remote (to advance slides)

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

