

EVENT APPLICATION

INSTRUCTIONS:

- 1 This form should be submitted for approval at least 4 weeks prior to the event.
- 2 Please contact Martha Eaves if you have any questions 405-522-8767 Martha.Eaves@sde.ok.gov
- 3 All event handouts must be approved by the Cabinet Leader prior to the event.

FUNDING: State Federal Other				
OSDE Department		Program		
OSDE Contact	Phone	Email		
Event	Date	e(s)	Time(s)	
Preferred Venue			Cost of Venue	
Purpose			Number expected to attend	
Food/Beverage Requirements			Cost of Food/Beverage	
Room Set-Up (classroom, rounds, theater	etc)			
Does your event require audio/visual?		enue Provide? Yes please contact Medi	No a Production.)	
Will this event require a contract of any Do you need an <i>Eventbrite</i> registration Will you reimburse substitute costs?	link? Yes No		l costs? Yes No	
Venue rental \$ Esti	mated total cost of activity \$		(includes venue, food, materials, etc.)	
Available budget \$	How many staff will attend?			
Number of staff staying the night	How many nigl	hts?		
Program Director/Administrator			Date	
Cabinet Leader			Date	
Chief of Public Affairs			 Date	