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| **EXTERNAL AFFAIRS VICE CHANCELLOR’S OFFICE USE ONLY. DO NOT COMPLETE THIS BOX.** |
| **Vice Chancellor’s****Signature:** |  | **Submitted to Select…:** | Select… | **Exec. Briefing Due:** | Select… |
| X | **Speaking Engagement Form Due:** | Select… | **Final Documents Due:** | Select… |
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| F:\UCLA Brand\Print UCLA Logos\print-boxed-logotype-jpg\ucla-box-blu-rgb-1h.jpg | **ATTENDANCE REQUEST FORM**Use this form to request Chancellor Block, Mrs. Block and/or Executive Vice Chancellor and Provost Waugh for an event. To accommodate your request, submit required information below to Rhonda Wade, External Affairs Director of Internal Operations. Requests sent directly to the Chancellor’s Office will be returned.  |

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| ATTENDANCE REQUEST |
| This request is for: | Select… | **Role:** | Select… |

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| EVENT INFORMATION |
| Name of event:  | … |
| Day of Week & Date(s): | … | **Start time of event:** | … |
| Type of event: | Select… | **End time of event:** | … |
| Location: | … | **Time he/they should arrive:** | … |
| Number of invitees: | … | **Anticipated attendance size:** | … |
| Audience composition: | … |
| Event objective: | … |

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| REQUIRED APPROVALS |
| Is this an event related to the Centennial Celebration? | Select… |
| Is this a fundraising event? | Select… |
| Are you requesting the Chancellor’s Residence for this event? | Select… |
| Are you requesting to invite the UC President and/or UC Regent(s)? | Select… |
| Will the Chancellor, Mrs. Block, and/or EVC/Provost be on event marketing materials? (Invitations, websites, programs, awards etc.) | Select… |
| Will they be noted as hosting this event on marketing materials? | Select… |
| If they are co-hosting, indicate with whom: | … |
| IF YES IS SELECTED FOR ANY OF THE ABOVE, ADDITIONAL APPROVALS ARE REQUIRED.FOR APPROVAL INSTRUCTIONS AND CONTACT PERSON(S): www.specialevents.ucla.edu/guidelines.html |

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| STAFF LIAISON AT EVENT |
| Name & Title: | … *(SENIOR STAFF PERSON WHO WILL STAFF CHANCELLOR, MRS. BLOCK AND/OR EVC/PROVOST WAUGH FOR DURATION OF EVENT)* |
| Department: | … | **Phone (work):** | … *(xxx) xxx-xxxx* |
| Email: | … | **Phone (cell):** | … *(xxx) xxx-xxxx* |

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| BRIEFING PREPARER |
| Name & Title: | … *(PERSON RESPONSIBLE FOR SUBMITTING EXECUTIVE BRIEFING TO RHONDA WADE, DUE 10 DAYS PRIOR TO EVENT)* |
| Department: | … | **Phone (work):** | … *(xxx) xxx-xxxx* |
| Email: | … | **Phone (cell):** | … *(xxx) xxx-xxxx* |

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| YOUR INFORMATION |
| Name & Title: | … |
| Department: | … | **Phone (work):** | … *(xxx) xxx-xxxx* |
| Email: | … | **Phone (cell):** | … *(xxx) xxx-xxxx* |
| Division/school: | … | **VC/Dean/AVC:** | … |
| I confirm this request was approved by the requesting division Vice Chancellor or AVC, or school’s Dean. | Select… |
| Division or school that is financially responsibility for event expenses: | … |
| I agree to contact Rhonda Wade (x60601) immediately if event is cancelled or event details change. | Select… |