Appendix C

UTHEALTH SOLICIATION & COOLEY CENTER EVENT REQUEST FORM

Welcome to the University of Texas Health Science Center at Houston event request site. Please complete the Solicitation Form and include as much detail as possible on each of the questions. Thank you.

Cooley Center Usage
All users must sign a User Agreement, which details the terms of use.
Priority to use the Cooley Center is given to students, employees and registered organizations of UTHealth requesting the facilities for university purposes (i.e., for the furtherance of and related to the educational, cultural, recreational, and athletic programs of UTHealth). Usage fees may apply.
Announcement: Cooley Center is limited to a maximum participation of 100 people for any event held Monday–Thursday during regular business hours until further notice.

Solicitation on Campus / Use of University Facilities
To obtain permission to hold any activity or event on campus, including any which may involve or include representatives (or materials, supplies, publications or advertisements) from commercial entities (vendors, publishers, drug companies, medical equipment and device manufacturers, recruiters, etc.), submit this online form to Auxiliary Enterprises. Such activities ("solicitations") may not take place unless they comply with University rules and are approved in advance by the Vice President of Auxiliary Enterprises. For more information, see Handbook of Operating Procedures, Policy 11, Use of University Facilities and Policy 165, Solicitation on Campus.

Event Information
* Event Requester Full Name:
* Event Name:
* Event Description:
* What is the Objective of the event?
* Start Time of Event (include pre-event activities):
* Maximum Event Duration:
Options: 1 hr; 2 hrs; 3 hrs; 4 hrs; 5 hrs; 6 hrs; 7 hrs; 8 hrs; 9 hrs; 10 hrs; 11 hrs; 12 hrs; 1 - 1.5 days; 2 or more days.
* Amount of Time Needed for Teardown:

Participant Information
* How many attendees are expected? (Cooley Center is limited to a maximum participation of 100 people for any event held Monday–Thursday during regular business hours until further notice.)
* What is your targeted audience?
* Does your audience include UTHealth students, faculty or staff?
Options: Yes; No.
* Do Participants Pay to Attend Event?
Options: Yes; No.
* Are donations requested at the event?
Options: Yes; No.
If Yes, how much is the fee to participate or amount to donate?

Event History
* Has this event taken place in the past?
Options: No; Yes, at another location; Yes, same as requested.
If yes - at UTHealth, state dates of past events:

Additional Event Information
* Will there be alcohol at your event?
Options: Yes, I will complete form; Yes, form completed; No alcohol at event.
UTHealth must fill out the Request Alcohol Form.
* Please select location requested:
Options: Cizik School of Nursing; Cooley Center; SRB - IMM; McGovern Medical School; Operations Control Building; Rec Center; School of Dentistry; School of Public Health; University Center Tower; UT Professional Building; Webber Plaza; BSRB - Mitchell Basic Sciences Research Building; Online Only Event.
Describe the room configuration needed:
* Do you require Food/Catering, Signs/Copies, Printing, Parking, Security or Other Services?
Options: No; Not yet determined; Yes, details below.
(Addtl Services may cost extra) Enter details of Services Requested:
Please provide any additional comments or questions regarding your event:
* Add a Meeting: (online form uses an “Add Meeting” control)

Vendor Information
* Will there be vendors attending event?
Options: No; Maybe; Yes, Vendor Sponsored; Yes, Food Vendor; Yes, Equipment Vendor; Yes, Supply Vendor; Yes, Consultant Vendor; Yes, Multiple Vendors; Yes, Other.
List who the vendors are and what their involvement with the event will be:
List any other external (non-University) entities that will be present at the event and what their involvement will be:
* Will there be promotional brochures/materials/information distributed or displayed at the event?
Options: No; Yes, non-UTHealth; Yes, UTHealth only.
Describe briefly each of the promotional items:

Contact Information
* Enter Full Name:
* Phone Number:
Fax Number:
* Email Address:
Please enter the Billing Address including Street, City, State & Zip:
If UTHealth - Department Name:
If UTHealth - Department Contact Name & Number:
Student & Non-UTHealth - List UT Department Sponsor:
* Is your association / organization registered with UTHealth?
Options: Yes; No; I am not sure.
Registered Student Organizations
Who is paying for the costs associated with this event?
Submit (online form control)