SOUTH DAKOTA SCHOOL OF MINES & TECHNOLOGY

REQUEST FOR CO-SPONSORSHIP

This section to be completed by Surbeck Scheduling.

SDSM&T co-sponsorship granted?
No ❑ Yes ❑

Certificate of Insurance Required?
No ❑ Yes ❑

Discount on room rent?
No ❑ Yes ❑
If yes, how much?_____

Standard Agreement ❑
Sponsorship Agreement❑
No Agreement Required❑

Authorized by_____

Date_____

Please return this completed form to the Surbeck Center Main Office. If you have questions call 605-394-6774.

Event Information

Title of Event: _____

Description/Purpose of Event: _____

_____

_____

Anticipated Number of Attendees: _____ Preferred Location: _____

Are participants charged a fee? No ☐ Yes ☐ If yes, how much? $ _____

How will the revenue be used? _____

What university account number will revenue be deposited in? _____

Date(s) of Event: _____ Time(s) of Event: _____

Off-Campus Entity Information

Name of Organization Requesting Sponsorship: _____

Organization Contact: _____

Address: _____

_____

Telephone Number(s): _____

SDSM&T Sponsor Information

Name of Organization/SDSM&T Department: _____

Department Chair or Director/ Organization Advisor: _____ Telephone: _____

As a sponsor, your organization or department must agree to, affirm and abide by the guidelines listed below. Please respond to the questions and initial your agreement with each statement.

_____ The academic or institutional aims are in accordance with and furthered by the activity planned by the non-University primary sponsor.
How will this event benefit the university? Support the university mission?

_____

_____

_____

_____ The department/student organization must assist in the planning, implementation, and follow up of the conference or event through the use of departmental personnel or resources. Please list the main contact from your department/organization:

Contact: _____ Telephone: _____

_____ A member of the department or student organization must be accountable for the conference or event at all times. Please list the event day contact name and cell phone number (this information may be updated as necessary).

Contact: _____ Telephone: _____

_____ All co-sponsored conferences and events must have SDSM&T name and logo on all conference/event materials, including all marketing and pre-conference publications. Publications should also be pre-approved by the SDSM&T University Public Relations (UPR) Office. Publications should be sent to the co-sponsoring department who will review and forward to UPR. Please allow 10 days for review.

Anticipated Funding Source: University Funds: ☐ Outside Funding Source: ☐

Method of Payment: ☐ JV Transfer (please list account number) _____

☐ Direct Bill (cash/check) ☐Other (indicate below)

☐ Credit Card

Signature of Department Chair or Director/ Organization Advisor: _____ Date: _____