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| **SECTION I: TO BE COMPLETED BY REQUESTOR (Complete areas 1 – 13) (Attach Event Backup Paperwork, i.e. invite, flyer, etc.)** | | | | |
| **1.** REGION: **3** | **2**. NAME AND DATE OF EVENT: | | | |
| **3.** COST OF EVENT: **$** | | **4.** COST DESCRIPTION (i.e. Table Sponsor, Ad, Event Booth, etc.): | | |
| **5.** PURPOSE OF EVENT: | | | | |
| **6.** REQUESTED BY: | | | **7.** TITLE: | **8.** DATE: |
| **9**. PROVIDE THE FOLLOWING INFORMATION:   * Does the organization have an established relationship with CTA?  Yes  No   **If yes,** please explain:   * Has the organization participated in CTA events in the past?  Yes  No   **If yes,** please explain:   * Will this organization stand publicly in support of the CTA mission and goals?  Yes  No * Does the organization have a constituency that can be mobilized to support public education issues and other CTA priorities? Yes No | | | | |
| **10.** STAFF RECOMMENDATION: | | | | |
| **11.** IF SPONSORING A TABLE – LIST GUEST(S) RECOMMENDED:   * Rationale for guest(s): | | | | |
| **12.** IS A CHECK REQUIRED FOR YOUR EVENT?  Yes  No  **If yes:** Check amount: **$**  Check Deadline:  → **Attach completed check requisition form** | | | | |
| **13.** IS AN AD OR OTHER PUBLICATION REQUIRED?  Yes  No  **If yes:** Deadline for ad or other publication:   → **Attach artwork file and a completed office services work order** | | | | |

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| **SECTION II: REGIONAL MANAGER ONLY** | | |
| COMMENTS: | | |
| NAME(S) OF STAFF OR LEADER(S) COVERING EVENT (if applicable): | | |
| APPROVAL:  Regional Manager | DATE: | ACCOUNT CODE: |

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| **SECTION V: CTA PRESIDENT** | |
| COMMENTS: | |
| APPROVAL:  David B. Goldberg | DATE: |