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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:       |