



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: \_\_\_\_\_