

Sponsorship Request Form

UCR School of Medicine

See below for instructions on completing this form

	nformation A	bout the Pe	rson Comple	ting this For	m					
Requestor Na			·			Title				
SOM Unit						Date				
Email						Phone				
	nformation a	-		portunity o	r Event					
Name of Org	anization Requ	esting Sponso	rship							
Non Profit Ta	ax ID #						Event Da	te		
Name of Spo	nsorship Oppo	rtunity or Eve	nt							
Has SOM spo	nsored this Ev	ent/Organizati	ion in the past	:?	Yes	No		If yes, whe	en?	
			Briefly Describ	oe Why UCR S	chool of Medic	ine Should spo	nsor this even			
Section 3. B	Benefits of Sp	onsorship								
	his sponsorship	-		and includes	the following b	enefits:				
Marketing [. Table	Advertisir	_	r 🔲 Tick	ets to Event	Othe	er 🗆
		_	_		cost breakdow	<u> </u>				<u></u>
Total cost of	-		meal value* of		Equa		x # of me		Equals	
_	e of meal fron		•							Cash Donation
		-	_	an added ber	nefit value that	is equal to or e	exceeds the rea	maining cash d	donation in	
way of additi	onal advertisin	g (explain and	initial). If nor	ne, Chancellor	approval requ	ired for any ca	sh donation an	nount.		
Section 4. S	Submitting Yo	ur Request I	or Dean's O	ffice Approv	al					
1. Complete	sections 1 - 4 c	f this Sponsor	ship Request f	form.						
2. Attach: A.	Original copy	of the proposa	I request for s	sponsorship B	Event brochu	re or flyer C T	ransmittal lett	er to the orga	nization	
			•	F F	. Event broche	ic of flycr c. i		ci to the orga	IIIZation	
3. Email to U	CR School of N	ledicine Direct			. Event broch	re or nyer e. 1		cr to the orga	IIIZatioii	
	CR School of M Approval (to		or of Strategio	c Initiatives	. Event broch	re or river e. r		er to the orga	IIIZatiOII	
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