

Association Of College And Research Libraries
Special Events Request Form
Due to ACRL 8 months prior to the event

To support the networking aspects of section membership, the ACRL Board of Directors has authorized the loan of funds up to \$1500 to sections for the purpose of placing deposits on event sites. The loan is to be repaid in full to the ACRL office one month prior to the date of the event.

ACRL Section: _____

Conference year & location: _____ Date submitted: _____

Title of event: _____

Type of event (luncheon, dinner, reception, other – please explain): _____

Date and time of event: _____

Location of event: _____

Proposals will be evaluated based on:

1. Clarity of fund-raising plan and/or ACRL collecting fees from section members.
2. Timeline for collection of fees (registrations) and/or donations to ensure that funds are in place one month prior to the event.

Section contact: _____

Address: _____

City, State, Zip _____

Phone: _____ Fax: _____

E-mail: _____

Event site contact: _____

Address: _____

City, State, Zip _____

Phone: _____ Fax: _____

Purpose and description of event: _____

Anticipated number of participants: _____

Estimated Expenses

Food & Beverage (per person): \$ _____
Gratuity (per person): \$ _____
Tax (per person)
(be sure to figure tax on gratuity): \$ _____

Other/Rentals
(Audiovisual, Linens, etc.): \$ _____
ALA \$1 processing (per person): \$ _____
Total estimated cost per person: \$ _____
Total estimated cost of event: \$ _____

*How will funds be generated to cover costs? (Check all that apply):

Donations from vendors* Members will pay @ \$ _____ per member

Other, please explain _____

*Before soliciting corporate donations, you must fill out the following fund-raising plan identifying vendors you plan to approach. The ACRL Executive Director will review and approve the plan.

Total Amount to be Fundraised: \$ _____

Vendor Name: _____ Amount Requested: \$ _____

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Vendor Name: _____ Amount Requested: \$ _____

Vendor Name: _____ Amount Requested: \$ _____

Vendor Name: _____ Amount Requested: \$ _____

Specify the dates that you will begin and end collection of funds to support this activity:

Donations collected from: ___/___/___ **to** ___/___/___

Registrations from members collected from: ___/___/___ **to** ___/___/___

NOTE: For special events, member leaders are authorized to negotiate terms for facilities, meals and entertainment, and collect contract information for ACRL's review and ALA approval or ask the venue to send information directly to the ACRL Program Coordinator.

MEMBERS ARE NOT AUTHORIZED TO SIGN CONTRACTS OR LETTERS OF AGREEMENT FOR USE OF FACILITIES, MEALS OR ENTERTAINMENT.

All contracts and letters of agreement must be sent to the attention of the ACRL Program Coordinator for review and approval by the ACRL Executive Director and the ALA Senior Associate Executive Director.

I verify that the above contact person is responsible for our ACRL section's special event and is authorized to request funding for the identified special event.

Signature of ACRL Section Chair

Send completed form to:

Megan Griffin
Program Coordinator
50 East Huron Street
Chicago, IL 60611
Fax: (312) 280.2520
E-mail: mgriffin@ala.org