Complete this form and return it to
Jonathan Duke, D.U.C. Operations Room 214E or Fax: 404 727-5318

1. Name of Department or Student Organization: ________________________________

2. Contact Person: ____________________________________________________________
   Phone___________________ E-mail ___________________________ Fax ________________

3. Student Group Advisor: Name______________________________________________
   Phone___________________ E-mail ___________________________ Fax ________________

4. Name of Event: _____________________________________________________________

5. Program or Event Information: (sponsorship should be requested at least 2 weeks before)
   Proposed Date(s): __________ Proposed Time: ______ Proposed Space: __________
   Expected Attendance: ________________________________________________________
   Programs should be held in the DUC. Events not held in the DUC must be established and support 500 students or more.

6. Please indicate which of the following resources you request:
   __ Use of D.U.C. audio-visual (though value is indicated, no fee will be charged)
   ___ Portable sound system ($90 value) ___ Data Projector ($75 value)
   ___ Karaoke machine ($50 value) ___ TV/VCR/DVD ($30 value)
   ___ Other (slide projector, overhead, laptop-$10 value each)

   ___ Marketing and Outreach Assistance
   ___ D.U.C. video messenger ___ Table tents
   ___ Banner(s) ___ Website links
   ___ Ticket distribution at D.U.C. Ticket Desk

   ___ Donated Tickets
   ___ (Special Exceptions Apply)

NOTE: Expectations of Co-Sponsors
1. The co-sponsor will advertise the program or event broadly, making it open to all Emory students.
2. Any food served will be planned in compliance with health code regulations.
3. The event should be held at the D.U.C. and D.U.C. policies will be observed.
4. Dobbs University Center will be named as a co-sponsor on all printed materials. A copy of these materials should be provided to D.U.C. staff five days in advance of the event.

The D.U.C. retains the right to accept or dismiss a request for co-sponsorship based on our departmental team’s evaluation.

__________________________________________
Signature of person requesting co-sponsorship

__________________________________________
Today’s date

__________________________________________
Accepted/Rejected (circle one) by D.U.C. Staff (print name)

__________________________________________
Date of action