

Conference & Event Services 800 Font Boulevard San Francisco, CA 94132 hdcsces@sfsu.edu P: (415) 405-8003 | F: (415) 406-4105

EVENT INQUIRY FORM

CONTACT INFORMATION Planner Contact Name: Phone: Email Address: Fax:_____ ORGANIZATION INFORMATION Name of Organization: Organization Website: Street Address: State: City: Suite: Country:_____ Zip:_____ Organization Mission Statement: Organization Type (check all that apply): ☐ Campus Department ☐ Government ☐ For-Profit ☐ Non-Profit ☐ Individual ☐ Student Organization ☐ Educational Institution *If non-profit, is it also tax exempt? YES NO (IRS determination letter will be needed) Is your organization being co-sponsored by an on campus department? YES NO **EVENT INFORMATION** Official Event Name: Purpose of Event:



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Description of activities planned for the event (please attach daily schedule, agenda or flyer, as appropriate):					
ATTENDANCE INFORMATION					
Total Estimated Attendance: How Many Youth in Attendance?					
Daily Estimated Attendance: What is the Age Range of Attendees?					
Please Note: Any youth in attendance requires a 1 to 10 ratio between adult to youth. A release of liability form wi required for youth participating in conference/event programs. A "minor" or "youth" is defined as any person unde years of age.					
Do you expect any high profile guests at your event? YES NO					
If yes, who?					
MISCELLANEOUS INFORMATION					
Will your conference/event require catering services? YES NO					
Will the conference/event be open to the public or private? Public Private					
IN-PERSON ACTIVITY JUSTIFICATION					
All in-person activities that involve San Francisco State University employees, on-campus or off-campus, fall outside of normal face-to-face business operations must receive approval. Requests must be reviewed and approved before the activity takes place. Hosting external groups for conferences and retreats at the campus remains suspended until further notice. If you have questions about whether your activities need be reviewed, email hdcsces@sfsu.edu .	ed main				
Please provide a justification for in-person activities:					



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Can the goals and outcomes of the proposed activity be accomplished through alternative modalities of communication that do not require in-person engagement? YES NO

COVID-19 PREVENTION MEASURE PROTOCOLS

As	the event requestor, I will er	isure the following:				
	All SF State employees must complete the online training "COVID-19 Workplace Safety Refresher".					
	All SF State Students must complete the online training <u>"SF State: Student Safety During the COVID-19 Pandemic"</u>					
	All Attendees must show proof of COVID-19 vaccination or a negative covid test within 72 hours of even date					
	All SF State students, faculty & staff complete the daily COVID-19 health screening, and show approved clearance email.					
	All participants will wear a face covering when indoors.					
	All participants will follow handwashing recommendations.					
	Event Host will ensure appropriate cleaning supplies and P.P.E. is available.					
	Visitors will comply with SF State health and safety measures including participating in the <u>Verbal Heath Screening</u> .					
	Employees are given the opportunity to participate remotely if alternative modalities of communication are available.					
	For indoor conferences, events, and meetings that include food and beverages, the venue must accommodate 6-feet of physical distancing. Food and beverages must be single-serve and employees cannot share serving utensils.					
	If physical distancing cannot be accomplished due to the guest count or space available, outdoor seating must be implemented, and food and beverage must be consumed outdoors.					
	All Attendees will be required to be vaccinated to attend events where food service is being provided.					
VE	NUE INFORMATION					
Wł	nich venue(s) are you looking	for? (check all that ap	ply)			
	Conference Center	☐ Indoor Space	☐ Outdoor Space	☐ Performance Venues		
	Classroom & Lecture Halls	☐ Athletic Venues	☐ Tennis Courts			
	Other, please explain:			<u> </u>		
	you have a specific venue in					



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Besides the main venue, will you ne	ed other rooms/venues? YES NO	
If yes, how many and what type(s)?		
EVENT DATE(S) & TIME(S) (include	ne time needed for setup and breakdown)	
Start Date:	End Date:	
Start Time:	End Time:	
If event has multiple dates with vario	s locations, please include those details below:	