

Event Approval Form

Complete page one of this form in order to obtain event approval in accordance with the **University Event Management Policy**. Please send completed form to conference-events@upei.ca.

CONTACT INFORMATION:			
UPEI Event Lead (Internal):		Tel. #:	
UPEI Event Unit (Dept/Faculty):		Email:	
External Event Lead: <i>(if applicable)</i>		Approved by Dept Dean/Chair /Director: <input type="checkbox"/>	
		Name:	

EVENT INFORMATION			
Event Name:			
Detailed Description of Event: <i>(Include logistical needs: chairs, staging, parking, etc. Attach additional document if not enough room.)</i>			
Proposed Date(s) and Time/Duration:		Proposed Location(s):	
What is the anticipated attendance for the event? <i>(Minors = individuals under the age of 18 years)</i>	Adults: _____ Minors: _____	If minors attending, how many staff to supervise?	
Will food be served?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will alcohol be served?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, is it a licensed event:
Will there be registration fees?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will accommodation be required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will AV/IT services be required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will there be guest speakers?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who specifically: _____ _____ _____
Will dignitaries be invited?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who specifically: _____ _____	Will Senior Management be requested to attend?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who specifically: _____ _____
Do you expect to engage external sponsors/partners?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will security be requested for the event?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SIGNATURE	
Event Lead	
I, _____, am the event lead of this event and I attest that the information on this form is true and accurate to the best of my knowledge.	
Signature:	Date: mm/dd/yyyy



ADMINISTRATIVE OFFICE USE ONLY: To be completed Conference Services

A: Evaluation of Security Requirements:

(Please attach security forms completed by Security Services if required)
Is additional security needed? Yes No

B: Evaluation of Insurance Risk:

All external groups must provide proof of Commercial General Liability Insurance of no less than \$2,000,000.

C: Evaluation of the Following Risks:

Under-age drinking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reputation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drug use	Yes <input type="checkbox"/> No <input type="checkbox"/>	Traffic Flow	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rowdiness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Weather.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Injury to participants	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sufficient Staff/Security	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other inappropriate or illegal behavior	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Additional information regarding the risks or other known risks:</i>	

D: Assessment of Room Capacity and Appropriateness of Location:

E: Evaluation of Financial/Project Accounting Needs:

F: Evaluation of Formal Risk Assessment (If Required):

Has the Director of Facilities Management or Comptroller requested a formal risk assessment? Yes No

REVIEWED BY (If Required):

Comptroller's Office/Risk Management Office <input type="checkbox"/>	Facilities Management <input type="checkbox"/>
Risk Manager: <input type="checkbox"/> Recommend <input type="checkbox"/> Reject	Manager, Security Services: <input type="checkbox"/> Recommend <input type="checkbox"/> Reject
Comments:	Comments:

APPROVAL:

Office of Conference Services	
Comments:	<input type="checkbox"/> Recommend <input type="checkbox"/> Reject
Name: Signature:	Date: mm/dd/yyyy