SPECIAL EVENT BUDGET PROPOSAL
(Must be attached to Special Event Proposal Form)

Name of event / promotion: __________________________________________

Date Scheduled: ____________________________________________________

Contact Person: ____________________________________________________

Telephone number(s): (H) _______________________ (C) ______________________

Email Address: _____________________________________________________

INCOME (Please itemize)        EXPENSES (Please itemize)

Ticket sales                 $ ____________    Rent                  $ ____________
Concessions                  $ ____________    Food                  $ ____________
Sponsorships                 $ ____________    Printing              $ ____________
Other income                 $ ____________    Fees                  $ ____________
________________________    $ ____________    ______________$ ____________
________________________    $ ____________    ______________$ ____________
Total projected income:      $ ____________    Total projected expenses:
                                                                 $ ____________

Total projected donation to Stony Brook Medicine:  $ ____________

Please return this completed form along with the Special Events Proposal form to:

Stony Brook Medicine
University Advancement
Health Sciences Tower, Level 4, Rm. 172
Stony Brook, NY 11794-8430
Office: 631.444.2693
Fax: 631.444.7672