



Stony Brook Medicine

COMMUNITY EVENT OR PROMOTION APPLICATION FORM

(To be completed by sponsoring organization/corporation/individual)

*Thank you for your interest in supporting
Stony Brook Medicine!*

NAME OF EVENT/PROMOTION: _____

Contact Person: _____

Street Address: _____

Email: _____ Event website: _____

Telephone numbers: (Landline) _____ (Cell) _____

Proposed Date and Time of the Event OR Date Range for the Promotion: _____

Where Will the Event or Promotion Be Held?

Address: _____

City: _____ State: _____ Zip: _____

Is This Event/Promotion Open to the Public or By-Invitation-Only? _____

Admission Fee/Ticket Price/Required Purchase Amount: \$ _____

Estimated Number of Attendees/Participants: _____

Projected Gift to Stony Brook Foundation (net proceeds after expenses): \$ _____

Please describe your event or promotion plan in detail. Use attachments if necessary.

Publicity and Promotion - Please list the types of promotional materials (poster, flyers, mailers, etc.) and communication channels (web, email, social media, etc.) your organization plans to use to promote your event:



Stony Brook Medicine

Do you plan to use the Stony Brook name to promote your event/program? If yes, please indicate which of the approved usages you intend to incorporate into your marketing (see our FAQ on Third Party Fundraising and Promotions for a list of approved usages).

If your event or organization has a logo, please attach a printed copy for review.

You will also need to fill out the special event budget proposal form which can be found at <https://www.stonybrookmedicine.edu/community-fundraising/budget-proposal>

Please remember: Stony Brook University must review and approve all publicity materials which include references to our name(s).

I have read in full and agree to adhere to the Stony Brook Medicine Policies, Criteria and Guidelines for Third Party Fundraising and Promotions, available online at <https://www.stonybrookmedicine.edu/community-fundraising/guidelines>.

Signature

Title

Name (please print)

Name of Organization

Date of Application

Print and return by mail 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