

## Request for President's Attendance/Participation at UF Health Event

Please forward completed form with attachments to Mary Vallianatos in the SVPHA Office, Box 100014  
For questions or assistance, contact 352-733-1700 or mvallian@ufl.edu.

REQUESTED BY: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

COLLEGE/UNIT: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_ EMAIL: \_\_\_\_\_

REQUEST FOR PRESIDENT'S:                  Attendance                                  Participation

IS THIS A COURTESY INVITATION THAT DOES NOT  
REQUIRE THE PRESIDENT'S CALENDAR TO BE CHECKED:                  Yes                                  No

<b>TYPE OF EVENT</b> <i>(Check all that apply)</i>	Ceremony Reception Reception/Dinner	Luncheon Lecture Breakfast Meeting	Lunch Meeting Dinner Meeting Other
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NAME OF EVENT: \_\_\_\_\_

DATE(S): \_\_\_\_\_ TIME:        *From:* \_\_\_\_\_        *To:* \_\_\_\_\_

ALTERNATE DATE(S), IF FEASIBLE: \_\_\_\_\_ TIME:        *From:* \_\_\_\_\_        *To:* \_\_\_\_\_

LOCATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

EXPECTED ATTENDANCE: \_\_\_\_\_ DRESS CODE: \_\_\_\_\_

KEY DONORS/PROSPECTS/VIPS INVITED: \_\_\_\_\_

<b>PURPOSE</b>	
<b>PRESIDENT'S ROLE</b> <i>(In brief)</i>	
<b>BENEFIT TO UNIVERSITY</b>	

<p><b>PLEASE ATTACH</b> <i>(if applicable)</i></p> <ol style="list-style-type: none"> <li>1. Copy of invitation</li> <li>2. Preliminary agenda with suggested speakers</li> <li>3. List of HSC leadership attending</li> </ol>	<p><b>You will be notified on the status of your request following completion of the review process. If confirmed, you will be requested to provide additional information via a <i>Presidential Briefing Report</i>.</b></p>
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APPROVED BY DEPT. CHAIR/CENTER DIR.: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY COLLEGE DEAN: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE APPROVED BY VICE PRESIDENT: \_\_\_\_\_

DATE SUBMITTED TO PRESIDENT'S OFFICE: \_\_\_\_\_ BY: \_\_\_\_\_

*(if necessary)*

President has:                  Approved                                  Conflict                                  Requested Additional Information