

Request for Event Planning (REP) form

Complete this form and route for approvals to begin planning an event through the ISU contract. This form requires approval from your Bureau Chief, and Division Director. Please refer to the [Event Planning Services Process](#) for detailed directions on the event planning process. It is highly recommended that you begin planning your event in correlation with the scope, needs and size of your event. For a quote from the ISU team, please contact ISU at CPM@iastate.edu.

Date of Initiation:

Iowa HHS program:

Iowa HHS program staff (name, email, phone) for organizing this event:

This form specifies the basic information that will be used to initiate event planning with Iowa State University - Conference Planning and Management. If you have not utilized services with ISU or if there is a time or funding restriction, it is strongly suggested that you contact ISU at CPM@iastate.edu with a draft of this form to ensure that your information is completed appropriately.

Once required approvals are received, submit the form to Sheri Stursma, Iowa HHS's Event Planning Services Contract Manager. Refer to the instructions on the next page for completing each item below.

a. Name of Event Actual Title: <input type="text"/> Working Title: <input type="text"/>	
b. Type of Event	
c. Topic/Focus	

<p>d. Proposed Total Budget (provide the amount that the budget will not exceed)</p> <p>Include if there is a date that the funds need expended by or if there is a date that an invoice is needed from ISU by.</p> <p>If you have any other grant restrictions, please list in the box to the right.</p>	
<p>e. Iowa HHS Accounting Unit(s):</p>	<p>List each acct. unit or subunit # and the dollars from each that will be used to fund the event (please identify the date in which funds need to be spent by):</p> <p><input type="checkbox"/> Federal funds: \$</p> <p><input type="checkbox"/> State funds: \$</p> <p><input type="checkbox"/> Other funds: \$</p>
<p>f. Preferred Date(s)</p>	
<p>g. Projected Number of Attendees</p>	
<p>h. Preferred Speaker(s)</p>	
<p>i. Preferred Location and/or Venue, if applicable</p>	
<p>j. Event Requirements (Please take your time and complete this section to the best of your knowledge. If you aren't sure whether you want a service, select it anyway so that the cost can be included in your budget estimate)</p>	<p><input type="checkbox"/> Onsite or In Person Event Management</p> <p><input type="checkbox"/> Virtual Event Management:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Conference</p> <p style="margin-left: 20px;"><input type="checkbox"/> Series</p> <p style="margin-left: 20px;"><input type="checkbox"/> Hybrid</p> <p><input type="checkbox"/> Online Platform to Host Event (ISU will provide)</p> <p><input type="checkbox"/> Online Registration</p> <p><input type="checkbox"/> Website for Event</p> <p><input type="checkbox"/> Registration Fee:</p> <p style="margin-left: 20px;"><input type="checkbox"/> if yes, amount of fee: \$</p> <p><input type="checkbox"/> Vendors/Exhibitors Fee:</p>

	<input type="checkbox"/> if yes, amount of fee: \$ <input type="checkbox"/> Food and Beverage <input type="checkbox"/> Continuing Education: <input type="checkbox"/> if yes, what kind of CEs: <input type="checkbox"/> Lodging for Attendees <input type="checkbox"/> Contact and Contract with Speakers <input type="checkbox"/> Speaker Travel <input type="checkbox"/> Sponsors <input type="checkbox"/> Evaluation <input type="checkbox"/> Other:
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Instructions for filling out the Request for Event Planning form:

Fill out the form completely, it will not be accepted unless all areas are complete. If an item is not required, please place N/A in that section.

- a. **Name of Event:** (state your title for event)
- b. **Type of Event:** (state type of event, i.e. webinar, training, conference, symposium and if it is to be in person or virtual)
- c. **Topic/Focus:** (state topic or focus of event)
- d. **Proposed Total Budget:** (state projected total budget for event, the event should not exceed this amount)
- e. **Iowa HHS Accounting Unit(s):** (specify acct. unit (org) or sub-unit that will fund event and funds from each, and designate each as federal, state or other)
- f. **Preferred Date(s):** (state preferred dates/times for the event)
- g. **Projected Number of Attendees:** (state estimated number of attendees)
- h. **Preferred Speaker(s):** (list preferred or identified speakers and presenters, if applicable); please note that ISU - CPM is not the subject matter expert regarding content/speakers for events
- i. **Preferred Location and/or Venue:** (state preferred location in Iowa and venue, if known)
- j. **Event Requirements:** (check the boxes that pertain to your event)
 - ☐ Onsite/In Person Event Management (do you want ISU staff to provide day of coordination?)

- ☐ Online Registration (do you want an online registration link? do you want ISU to conduct the registration process for your event?)
- ☐ Website for Event (do you want a website to host all event information and a registration link?)
- ☐ Online Platform to Host Event (does your event need an online platform to host the event, i.e. WebEx Training, Zoom, HopIn (ISU can help to identify the best platform for your event)
- ☐ Registration Fee (is there a registration fee for attending? if so, how much?)
- ☐ Vendors/Exhibitors Fee (will your event allow vendors? if so what is the fee you would charge a vendor to exhibit?)
- ☐ Food and Beverage (do you want food and/or beverages?)
- ☐ Continuing Education (ISU can help facilitate payment and collection of materials for CE's, if so, identify the types of CEs needed in the form)
- ☐ Lodging for Attendees (do you want hotel lodging/blocks of rooms for attendees?)
- ☐ Contact and Contract with Speakers (do you want ISU to assist with contacting and/or contracting with speakers?)
- ☐ Speaker Travel (does your event pay for speaker travel fees?)
- ☐ Sponsors (will your event have sponsors?)
- ☐ Evaluation (do you need ISU to facilitate the event evaluation?)

Other (any other requests or requirements?)