

**DEADLINE:  
MAY 30**



**2008-2009**

Student Activities, UC 226, 825-2707 (p), 825-5201(f), [lisa.perez@tamucc.edu](mailto:lisa.perez@tamucc.edu) or [stephanie.box@tamucc.edu](mailto:stephanie.box@tamucc.edu)

**Program Proposal**

Please type or print clearly. Thank you!

Contact Person: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_

Dept./Org. Name: \_\_\_\_\_

Dept./Org. Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

\_\_\_\_ Yes! I want to co-chair an anchor event with another department/division/college. \*\*  
Why should your program be considered for an anchor event? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Yes! I would like to staff an information table during the first week of school. \*\*

\_\_\_\_ Yes! I want to be a participant in Faculty Squares during President's Picnic. \*\*

\_\_\_\_ Yes! I would like to reserve a table for my organization/department during Fall Fest. (9/10/08 11:30am-2pm)\*\*

\_\_\_\_ Yes! I want to host a program during WOW (please complete remainder of form).

I would like my program to be held during: (please choose one and provide preferred date)

|  |                       |
|--|-----------------------|
| ____ August 16-August 31 (Waves of Welcome)        | Preferred date: _____ |
| ____ September 1-14 (Waves of Connections)         | Preferred date: _____ |
| ____ September 15-28 (Waves of Community)          | Preferred date: _____ |
| ____ September 29-October 12 (Waves of Wellness)   | Preferred date: _____ |
| ____ October 13-26 (Waves of Success)              | Preferred date: _____ |
| ____ October 27-November 9 (Waves of Culture)      | Preferred date: _____ |
| ____ November 10-December 2 (Waves of Celebration) | Preferred date: _____ |

Beginning Time (REQUIRED): \_\_\_\_\_ am/pm Ending Time (REQUIRED): \_\_\_\_\_ am/pm # Expected: \_\_\_\_\_

Preferred Location for Event (REQUIRED): \_\_\_\_\_

Title of Event (REQUIRED): \_\_\_\_\_

Event Description (REQUIRED): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                                |             |          |                       |                            |
|--------------------------------|-------------|----------|-----------------------|----------------------------|
| <b>Audio/Visual Equipment?</b> | No          | Maybe    | Overhead & Screen     | LCD Projector              |
| TV/VCR                         | Microphone  | Computer | Portable Sound System |                            |
| Easel                          | Dance Floor | Staging  | Podium                | Portable Marker/Tack Board |

Notes: \_\_\_\_\_

|                        |             |            |           |        |           |
|------------------------|-------------|------------|-----------|--------|-----------|
| <b>Set-Up:</b> Open SQ | U-Shape     | Auditorium | Cafeteria | Circle | Classroom |
| Conference             | Dining      | Empty      | Exhibit   | Fixed  | Lecture   |
| Registration           | Rounds of 8 | Special    |           |        |           |

|                         |            |              |       |        |
|-------------------------|------------|--------------|-------|--------|
| <b>Food Service?</b> No | Maybe      | Breakfast    | Lunch | Dinner |
| Coffee/Cookies          | Appetizers | Refreshments |       |        |

Account Name: \_\_\_\_\_ Account : \_\_\_\_\_

\*\* A member of the WOW committee will contact you with details

|                                     |                                    |                      |
|-------------------------------------|------------------------------------|----------------------|
| <i>For office use only</i>          |                                    |                      |
| Program accepted? Yes No            | Event Scheduler contacted? Yes No  | Room Reserved: _____ |
| Event Coordinator contacted? Yes No | Event included in brochure? Yes No |                      |