**NYSERDA EVENT REQUEST FORM**

To request NYSERDA’s participation in an event in any capacity, please complete the following form and submit to Consumer Services and Events Management by email at events@nyserda.ny.gov or fax to (518) 862-1091. Requests must be received a minimum of 30 days prior to the event date for consideration. Please attach all supporting event materials and be as descriptive as possible. If you have questions about this form or NYSERDA's event procedures, send an email to events@nyserda.ny.gov.

**NYSERDA’s Role*:*** *(please check all that apply)*

**[ ]  Speaker** **[ ]  Sponsorship** **[ ]  Exhibit [ ]  Other (Ribbon Cutting Ceremony)**

***EVENT INFORMATION (all fields are required):***

|  |
| --- |
| **Title:**       |
| **Start Date(s):**       **End Date(s):** | **Time(s):**       |
| **Venue:**       |
|  **Address (include cross street if applicable):**       |
| **City:**       | **State:**       | **Zip:**       |  **County:**       |

|  |
| --- |
| **Detailed Description of Event:**       |
| **Expected Benefits to NYSERDA:**       |
| **Is Event Open to the Public? [ ]  Yes [ ]  No** |  **Admission Cost: $**      |
| **Is Registration Required: [ ]  Yes [ ]  No** | **Registration Link or Phone No.:**       |
| **Target Audience:**       |
| **Estimated Attendees:**       |

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| **Event Organizer**:       |
| **Address:** |
| **City:**       | **State:**       | **Zip:**       |
| **Event Website:**       | **Point of Contact:**       |
| **Email:**       | **Cell (day of event):**       |
| **Is NYSERDA a Member of the Organization? [ ]  YES [ ]  NO** |
| **If NYSERDA chooses to participate in this event, should the event be promoted on the NYSERDA Events webpage? [ ]  YES [ ]  NO** |

***SPONSORSHIP (exhibit and presentation opportunities are expected with sponsorship):***

|  |  |  |
| --- | --- | --- |
| **Requested Sponsorship: $**      | **[ ]  Free** | **Organizer’s Total Cost of Event: $**      |
| **Sponsorship includes:**       |

***EXHIBIT:***

|  |  |
| --- | --- |
| **Exhibit Booth Cost: $**       | **[ ]  Free** |
| **Exhibit Booth includes:**       |

***SPEAKER:***

|  |
| --- |
| **Requested Topic of Presentation:**       |
| **Date(s) of Presentation:**       | **Time(s):**       |
| **Length of Presentation:**       |
| **Is submission of Presentation and/or Speaker Bio Required:** [ ]  Yes [ ]  No | **If Yes - Due Date:**       |
| **Request a Specific Speaker:**       |

***REQUESTOR (individual completing the request):***

|  |  |
| --- | --- |
| **Requested By:**       | **Organization:**       |
| **Address:**       |
| **Email:**       |
| **Date submitted:**       |

|  |
| --- |
| **Additional Details or Remarks:**       |

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| --- |
| ***For NYSERDA use only:***  |
| **Staff Name:**  |
| **Comments:**  |

***Please submit completed form to Consumer Services and Events Management by email at*** ***events@nyserda.ny.gov*** ***or fax to (518) 862-1091. Attach all supporting information for the event.***