



A National Cancer Institute  
Designated Cancer Center

## EVENT PROPOSAL FORM

Individual     Business     Organization/Group (Non-profit)

*Thank you for your interest in organizing an event to benefit the Medical University of South Carolina's Hollings Cancer Center. Please complete this proposal form for review by Hollings Cancer Center's Special Events Office. Please return the completed form to **hcevents@musc.edu** or by mail to: Hollings Cancer Center, Attn: Special Events, 86 Jonathan Lucas Street, MSC 955, Charleston, SC 29425 or fax to (843) 792-4233. If you have any questions, please call us at **(843) 792-1669**.*

PLEASE TYPE OF NEATLY PRINT ALL INFORMATION.

### I. EVENT DESCRIPTION

Name of Event: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event Location \_\_\_\_\_

Event Website or Public Phone Number: \_\_\_\_\_

Nature of Event (Please explain in detail): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this event been executed before? \_\_\_\_\_

*If yes, please list name of beneficiary, date of event and amount raised:*

\_\_\_\_\_

Projected Attendance: \_\_\_\_\_

This event is:                       Open to the public                       Invitation only

Please list all businesses and individuals you plan to solicit for cash or in-kind donations (greater than \$100):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. CONTACT INFORMATION**

Name of Sponsor (Individual/Business/Group/Organization): \_\_\_\_\_

Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_ (Fax)

For business/group: number of years in existence: \_\_\_\_\_ Number of employees/members \_\_\_\_\_

**IV. FINANCIAL INFORMATION**

Projected costs: \$ \_\_\_\_\_ Projected income: \$ \_\_\_\_\_

Estimated donation to Hollings Cancer Center: \_\_\_\_\_

How will proceeds from the event be given to Hollings Cancer Center?:

Cash       Check       Other \_\_\_\_\_

Expected date net proceeds will be given to Hollings Cancer Center : \_\_\_\_\_

Are there other beneficiaries besides Hollings Cancer Center?  Yes       No

*If yes, please list.* \_\_\_\_\_

*Please note the percentage donated to each organization* \_\_\_\_\_

Will the gift from the event benefit a specific area:

- Unrestricted Fund
- One of the Research Programs at HCC (please specify)

\_\_\_\_\_

**V. PROPOSED SUPPORT FROM HOLLINGS CANCER CENTER**

Attendance by Hollings Cancer Center representative at event

Speaker (describe) \_\_\_\_\_

Hollings Cancer Center Promotional Materials:

- HCC Banner
- HCC Brochures

**VI. PUBLICITY INFORMATION**

Hollings Cancer Center reserves the right to review all materials that include our logo and/or name.

Please indicate the types of promotions you plan to do for your event:

Press releases sent to: \_\_\_\_\_

Flyers sent to: \_\_\_\_\_

Public service announcements (PSAs) sent to: \_\_\_\_\_

Other: \_\_\_\_\_



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I/we have read the MUSC Hollings Cancer Center Benefit Event Guidelines in full, and I/we agree to adhere to those guidelines in planning and executing our event. I/we understand that the guidelines are not comprehensive and that all decisions for the event, including safety precautions, remain the responsibility of the event sponsor. MUSC Hollings Cancer Center does not accept or assume any liability associated with event.

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Signature

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Date

*For Administrative Use:*

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Approved

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MUSC Hollings Cancer Center Staff

Not Approved

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Date

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