



**Gallaudet University Regional Center  
at John A. Logan College**  
Sharing the resources between  
Gallaudet University and the Midwest.



## Sponsorship Request Form

Thank you for contacting the Gallaudet University Regional Center (GURC) at John A. Logan College regarding your event needs. The GURC considers sponsorship in the 13 states that are covered by the Midwest region (IL, IA, IN, KS, KY, MI, MO, MN, NE, ND, OH, SD, WI) which are in keeping with the mission as set forth by Gallaudet University. Our mission is to address the educational, transition, and professional development needs of deaf and hard of hearing people from birth through adulthood, their families and the professionals who work with them.

If the focus of your event meets the criteria as stated above, please complete this sponsorship form and email it as an attachment to [shericook@jalc.edu](mailto:shericook@jalc.edu). Once we have received your completed application and have made a determination, you will be notified.

**If we agree to any financial support, we will need the following items completed and sent to us within 14 calendar days after your event (postmarks accepted).**

1. Attendance Form section (see below)
2. Evaluation- If your event will pass out evaluation forms, we will need copies of them
3. Activity Summary Form section (see below)

**We look forward to the possibilities of working with you and your organization.**

***Form must be submitted for review at least four (4) weeks in advance***

### I. Contact Information:

Requesting Organization:		
Contact Name:	Title:	
Mailing Address:		
City:	State:	Zip:
Telephone/VP Number:	Fax Number:	
E-mail Address:	Web site:	
Conference Title (if applicable)		
Activity Site (City/State)		

## II. Sponsorship and Event Information:

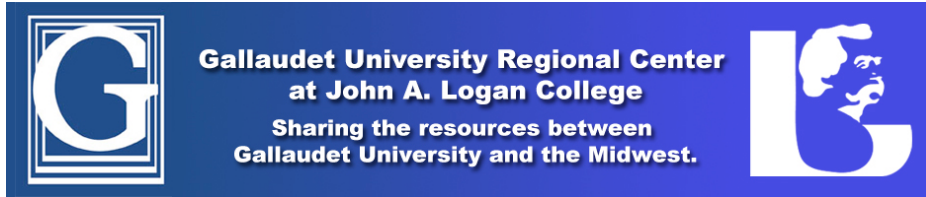
Focus of Event	
Please list the exact date(s) of the event:	What is the expected number of attendees?
Target Audience	
Conference/Activity Website	
What type of assistance are you requesting? <input type="checkbox"/> Financial, amount <b>Who do we write the check out to?</b>  To cover  <input type="checkbox"/> Materials (Specify):	<input type="checkbox"/> Contacting Speaker(s) Do you have a speaker in mind? If so, who?  If not, what topic(s) are you interested in?  <input type="checkbox"/> Accommodations (Interpreters, CART, etc.)

## III. Advertising Information:

Will you offer logo placement on the Web?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you have a program book?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you offer GURC at John A. Logan College an ad placement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
File format to be delivered (.JPEG, .PDF, etc.)?		
What is the deadline for ad submission?		

## VI. Additional comments, questions and requests:

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700 Logan College Road ▪ Carterville, IL 62918  
(618) 565-0054 (VP) ▪ 618-985-9181 fax ▪ [www.jalc.edu/gurc](http://www.jalc.edu/gurc)

## Activity Summary Form

*Please fill out the entire form and submit them to [shericook@jalc.edu](mailto:shericook@jalc.edu) within 14 days after your event.*

**Beginning Date of Activity:**

**Ending Date of Activity:**

**Type of Activity:**

**Contact person's email address:**

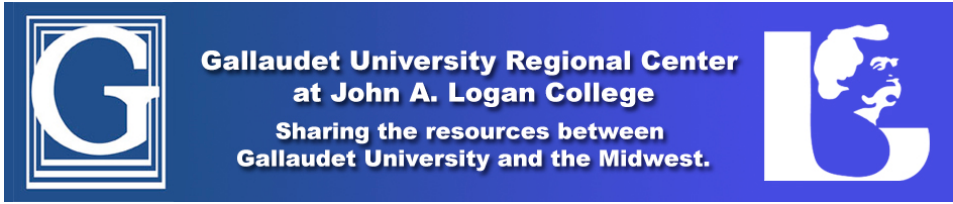
**Title of Activity:**

**Conference Title (if applicable):**

**Activity Site (City/State)**

**Featured Speaker(s)and Topic(s):**

**Conference/Activity Website:**



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## Attendance Form

Please fill out the entire form and submit them to [shericook@jalc.edu](mailto:shericook@jalc.edu) within 14 days after your event.

**Target Audience (specify actual attendance)**

Teachers (*all types of teachers*) \_\_\_\_\_

Support Personnel (*i.e. audiologist, teacher's aide, counselors, assistants, etc.*) \_\_\_\_\_

Residence Personnel \_\_\_\_\_

Administrators (*all types of administrators*) \_\_\_\_\_

Parents \_\_\_\_\_

Students (*birth – middle school*) \_\_\_\_\_

Students (*high school*) \_\_\_\_\_

Students (*postsecondary*) \_\_\_\_\_

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

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

General Public \_\_\_\_\_

**Total Attendance** \_\_\_\_\_

**Total number of Deaf/Hard of Hearing** \_\_\_\_\_