



# Design Team Event Request

1067 Folsom St., Suite 200 • San Francisco, CA 94103

t: 415-355.1734 • f: 415.355.9734

www.sanfranciscoinstitute.com • aaron@sanfranciscoinstitute.com

Thank you for asking the San Francisco Institute Design Team to participate in your event. To ensure that we have all the information we need to make your event a success, please take a moment to fill out the form below and return it to us via fax or mail.

If this event is for a non-profit organization please provide us with the following:

Non-profit name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

If this event is for a private organization, we may require a Kit Replacement Fee for product used. This fee ranges from \$30 - \$100. We will notify you of the charge once we receive this completed form.

Event Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

Event Contact Name: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

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

Name of Venue/Location: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Venue Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Event Begins: \_\_\_\_\_ Event Ends: \_\_\_\_\_

Please provide us with a brief description of your event (attach invitation or press release if applicable):

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

What services are you in need of? (check all that apply):

Hair \_\_\_ Make-up \_\_\_ Nail Services \_\_\_ Skincare \_\_\_ Workshop \_\_\_ Career Fair \_\_\_

How many models or clients are in need of services?

Hair \_\_\_\_\_ Make-up \_\_\_\_\_ Nail Services \_\_\_\_\_ Skincare \_\_\_\_\_

Are we able to photograph this event? \_\_\_\_\_

If your event will involve an invitation or program we require written mention often including logo mention. Will this be possible? \_\_\_\_\_

How big is the space we will have to work in? \_\_\_\_\_

Are electrical outlets available, if so how many? \_\_\_\_\_

What is the light source for the workspace? \_\_\_\_\_

Are tables and chairs available? \_\_\_\_\_

Are there restroom facilities available? \_\_\_\_\_

How many sinks are available for use? \_\_\_\_\_

### SFIEC Use Only

Date received by SFIEC \_\_\_\_\_ LLA Calendar Approval \_\_\_\_\_ LL Attending Event: \_\_\_\_\_

Confirmation/Decline Letter Mailed or emailed Date: \_\_\_\_\_