

Florida International University

Notice of Intent to Demonstrate

Date: _____

FIU Regulation 2202

Please print or type:

Date(s) of event: _____ #of expected attendees _____

Proposed Time for Event: _____ [more than 30 participants]

Please check the applicable Box: University Community Member/University Organization _____ OR;
Non-University Person/Non-University Organization _____

Contact Information for Applicant in the event of an emergency:

Name: _____

Address: _____

Phone: _____

Facsimile: _____

E-mail address (if available): _____

Sound Amplification Equipment, if any to be used at the Demonstration: (The University does not provide equipment).

Applicant must return a copy of this completed Form to the campus office indicated below where the proposed demonstration will take place:

University Park Campus: Graham Center Office, Room 1215 at UPC, Attention
Vice President of Student or Designee

Biscayne Bay Campus: Library Room No. 315, Attention: Vice Provost of the Biscayne Bay
Campus

Applicant shall also be required to comply with all other FIU Regulations, Policies, and Procedures, applicable to the Demonstration, if any.

Approvals:

The order of required approval signatures for this event must be secured in the exact order given below, according to the category of the group requesting the activity:

FIU Student Organization/individual:

1. Campus Life: _____	Date: _____
2. Student Affairs: _____	Date: _____
3. Graham Center: _____	Date: _____
4. Facilities Mgmt: _____ (Georgina Gonzalez, CSC# 230 (305) 348-4618)	Date: _____
5. Environ. Health & Safety: _____	Date: _____
6. Public Safety: _____	Date: _____
7. Provost: _____	Date: _____
8. General Counsel (if appl.): _____	Date: _____

FIU Department:

1. General Counsel: _____	Date: _____
2. Facilities Mgmt: _____ (Georgina Gonzalez, CSC # 230 (305) 348-4618)	Date: _____
3. Environ. Health & Safety: _____	Date: _____
4. Public Safety: _____	Date: _____
5. Provost: _____	Date: _____
6. Graham Center: _____	Date: _____

Non-FIU Group:

1. General Counsel: _____	Date: _____
2. Facilities Mgmt: _____ (Georgina Gonzalez, CSC # 230 (305) 348-4618)	Date: _____
3. Environ. Health & Safety: _____	Date: _____
4. Public Safety: _____	Date: _____
5. Provost: _____	Date: _____
6. Graham Center: _____	Date: _____

I have read the FIU Free Speech policy and hereby agree to abide by all its terms.

Applicant's Name	Signature	Date
_____	_____	_____

**Sponsor must return copy of this completed application to the Graham Center office.
Sponsor must present copy of this completed form to any FIU official upon request, throughout the duration of the event.**