

PÁRTNERS. ADVANCE AUTHORIZATION FOR DIRECTLY SPONSORED EVENT (Appendix A-2)

Holiday Party		GENERAL	INFORMATION	
BUSINESS PURPOSE	Department/Group Sponsoring the even	ent		
BUSINESS PURPOSE Description of event, including business purpose (i.e., business retreat, holiday party, department function), date and location: If this is a daytime event (held between 6:00 am and 5:00 pm), is the venue part of the Partners HealthCare Preferred Hotel program? If not, contact Karen Walsh at kwalsh9@partners.org Business Retreat	Cost Center / Fund		Are expenses Budge	eted? (circle one) YES
Description of event, including business purpose (i.e., business retreat, holiday party, department function), date and location:	Event Requestor	Phone _	Ema	il
It is is a daytime event (held between 6:00 am and 5:00 pm), is the venue part of the Partners HealthCare Preferred Hotel program? If not, contact Karen Walsh at kwalsh@partners.org Business Retreat		BUSINE	SS PURPOSE	
Perferred Hotel program? If not, contact Karen Walsh at kwalsh9@partners.org Business Retreat	Description of event, including busines	ss purpose (i.e., busin	ess retreat, holiday party, department fu	nction), date and location:
Holiday Party	` `		• **	e Partners HealthCare
Other	☐ Business Retreat ☐ Ed	lucational Event	ational Event	
Cutside Vendor(s) utilized for event	☐ Holiday Party ☐ Re	ecruitment		
Cutside Vendor(s) utilized for event	☐ Other		Date(s) & Time(s) of Event_	
EVENT ATTENDEES Total Number of Attendees			Outside Vendor(s) utilized for event	
EVENT ATTENDEES Total Number of Attendees	* IRS requires the agenda of the me	eting or a brief de	scription of business purpose	(please attach.)
Number of Attendees	30000			(product detailer,)
Number of Non-employees Please describe business purpose of non-employees attending (IRS requires)				
EVENT COSTS				
* Per person cost (Food & Beverage only) Room Rental				
Check all boxes that apply: Entertainment				
Entertainment Breaks - per person cost \$		EVEI	NT COSTS	
Audio/visual Breakfast - per person cost \$	Food & Beverage (Total)			only)
Parking	Food & Beverage (Total)	* Pe	r person cost (Food & Beverage	only)
Dinner - per person cost \$	-	* Pe	r person cost (Food & Beverage ck all boxes that apply:	
Food & Beverage (Total per person cost) * If necessary please attach a spreadsheet for multiple meals/multiple days with budget details. * APPROVALS PLEASE NOTE: Payment will not be processed without special approval. General Special (Required) Name Signature Date	Room Rental	* Pel Chec	r person cost (Food & Beverage of ck all boxes that apply: reaks - per person cost	\$
* If necessary please attach a spreadsheet for multiple meals/multiple days with budget details. APPROVALS PLEASE NOTE: Payment will not be processed without special approval. General Special (Required) Name Signature Date	Room Rental Entertainment Audio/visual	* Pel Chec	r person cost (Food & Beverage of ck all boxes that apply: reaks - per person cost reakfast - per person cost	\$ \$
APPROVALS PLEASE NOTE: Payment will not be processed without special approval. General Special (Required) Name Signature Date	Room Rental Entertainment Audio/visual Parking	* Per Chec	r person cost (Food & Beverage of the color	\$ \$ \$
PLEASE NOTE: Payment will not be processed without special approval. General Special (Required) Name Signature Date	Room Rental Entertainment Audio/visual Parking	* Pel Chec B B L D D	r person cost (Food & Beverage of the color	\$ \$ \$ \$
General Special (Required) Name Signature Date	Room Rental Entertainment Audio/visual Parking Other	* Per Checomon	r person cost (Food & Beverage of the All boxes that apply: reaks - per person cost reakfast - per person cost unch - per person cost inner - per person cost d & Beverage (Total per person cost eccessary please attach a spread	\$ \$ \$ post) \$ sheet for multiple
Name Signature Date	Room Rental Entertainment Audio/visual Parking Other	* Pel Chec B B Chec B Chec B Food * If n	r person cost (Food & Beverage of the All boxes that apply: reaks - per person cost reakfast - per person cost unch - per person cost inner - per person cost d & Beverage (Total per person cost ecessary please attach a spread als/multiple days with budget det	\$ \$ \$ post) \$ sheet for multiple
Signature Date	Room Rental Entertainment Audio/visual Parking Other Event Budget Total	* Pel Chec B B D Food * If n me	r person cost (Food & Beverage of the All boxes that apply: reaks - per person cost reakfast - per person cost unch - per person cost inner - per person cost d & Beverage (Total per person cost eccessary please attach a spread als/multiple days with budget det	\$ \$ \$ post) \$ sheet for multiple
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	Room Rental Entertainment Audio/visual Parking Other Event Budget Total PLEASE NOTE: Payment will not be	* Pel Chec B B D Food * If n me APF processed without	r person cost (Food & Beverage of the All boxes that apply: reaks - per person cost reakfast - per person cost unch - per person cost inner - per person cost d & Beverage (Total per person coecessary please attach a spread als/multiple days with budget determinents.	\$ \$ \$ st) \$ sheet for multiple ails.
Title	Room Rental Entertainment Audio/visual Parking Other Event Budget Total PLEASE NOTE: Payment will not be Name Signature	* Pel Chec B B D Food * If n me APF processed without	r person cost (Food & Beverage of the All boxes that apply: reaks - per person cost reakfast - per person cost unch - per person cost inner - per person cost d & Beverage (Total per person coecessary please attach a spread als/multiple days with budget determinents.	\$ \$ \$ st) \$ sheet for multiple ails.