



175 Willoughby Street,
Brooklyn, NY 11201
718-246-6456

Event Partnership Agreement

To be completed by UHMS:

Event Name: _____ Event Date—_____: _____ ☐ _____ ☐

Time: _____ Location: _____

Event Partner Company: _____

Event Contact Name: _____ Title: _____

Telephone: _____ Email: _____

Number of staff assigned to the event: _____ list names & titles below (*if applicable*):

Of Tables Requested: _____ Additional space needed for:

Request for special equipment (*MICS, DVD, TV, MONITOR, LAPTOP, SMARTCART, etc...*): _____

Detail outlined of donated products and/or services:

Product/Service:

Amount:

1. _____

2. _____

3. _____

4. _____

UHMS
KEEPING YOU WELL, SO YOU CAN EXCEL!



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5. _____

Page 2. – Health & Wellness Screening Program

This is an agreement between University Health and Medical Services (UHMS) and the proposed event partner for the specific event/date outlined above. Note, university approval is necessary prior to the event for any samples and/or promotional items that will be distributed at the event, please provide a sample of all items planned for distribution. ***Goods or services may not be sold at the event.***

The Event Partner Company named above represents its personnel have and will maintain all necessary licenses, certification and authorizations required for the provision of Services under this Agreement.

Partner _____ Date: _____

Title: _____ ***I am authorized to enter into this partnership agreement on behalf of the above named organization. We understand that Long Island University provides no accident or health insurance coverage for this event and here submit copies of our current NYC, NYSED and/or federal license, certification or permit and our professional liability insurance coverage.***

UHMS _____ Date: _____

Title: _____