



### Organization Information

Name of Organization: Mid Valley Special Education Cooperative Today's Date: 5/11/18

Contact Name: Marianne Fidishin Contact Email: Marianne.fidishin@d303.org

Contact Phone: 331-228-4873 Tax Exempt? (yes/no) Yes - E9950-7994-05

Tax Exempt ID#: \_\_\_\_\_

Address: 1304 Ronzhelmer Avenue St. Charles, IL 60174

**Maintenance and Audio Visual Needs:**

- |                                 |   |                                      |   |
|---------------------------------|---|--------------------------------------|---|
| <input type="checkbox"/> Stage  | <input type="checkbox"/> Chairs             | <input type="checkbox"/> Mics/Stands | <input type="checkbox"/> Projector Screens  |
| <input type="checkbox"/> Tables | <input type="checkbox"/> Other (list below) | <input type="checkbox"/> Sound       | <input type="checkbox"/> Other (list below) |

Will there be an admission charge?  Yes  No Sale of any item(s)?  Yes  No

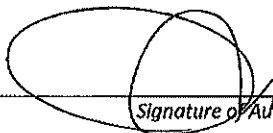
Est. Attendees 15 Desired location: Classroom (currently using Weigel 122)

Event Start Date/Time: 8/15/18 Event End Date/Time: 12/21/2018

Description of Event/Meeting: S.A.I.L. Program (First Half of School Year)

Classes will be held 8:30 a.m. – 2:30 a.m. M, T, W and Th

Additional Event/Meeting Requirements (desired set-up and any additional Maintenance or A/V needs):

  
Signature of Authorized Organization Personnel

5/17/18  
Date

### Reviewed for Conflict of /Competing Interests

- Reviewed, determined no conflict exists (provide signature below)  Will request fee waiver –check box to indicate yes (Please complete Fee Waiver Form located in File Cabinet on mywcc)

\_\_\_\_\_  
*Waubonsee Community College Staff Evaluator*

\_\_\_\_\_  
Date

### Approved

\_\_\_\_\_  
*Dan Larsen, Director of Campus Operations*

\_\_\_\_\_  
Date

**For Office Use Only:**

- |   |  |
|---|--|
| <input type="checkbox"/> Ad Astra Scheduled             | <input type="checkbox"/> Payment Received                            |
| <input type="checkbox"/> IT Media Services Confirmation | <input type="checkbox"/> Certificate of Liability Insurance Received |

Copy:  Campus Operations  Campus Police  Media Services  Originator