



## Applicant Information

Please fill out the following required information:

\*College/University \_\_\_\_\_

\*Contact Name \_\_\_\_\_

\*Position/Title \_\_\_\_\_

\*Business Mailing Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State/Province \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Daytime Phone \_\_\_\_\_ \*Email \_\_\_\_\_

Email addresses will be used for official NIRSA business only, and will not be sold to outside parties.

\*Check Payable To \_\_\_\_\_

\*Tax ID or SSN# \_\_\_\_\_

## Questions

When do you plan to host your event?

Who will lead the activity on your campus? Please provide the activity leader's contact information.

*\*Required Field*

Briefly Describe your desired alumni event:

If successful, will you look to host an alumni event again in future years?

---

**Thank you!**

Once you have completed this form in full,  
please send as an email attachment to  
[nick.zumbrun@nirsa.org](mailto:nick.zumbrun@nirsa.org)