



Event Request Form

Space is not confirmed until contact has received a confirmation email.

Required Info

Contact Info:

Today's Date _____

Contact Name _____

Contact Email (for confirmation) _____ Phone _____

Event Info:

Event Name _____

Event Date(s) _____

Access Time _____ AM / PM Start Time _____ AM / PM End Time _____ AM / PM

Sponsoring Department _____

Event Description _____

Is this for a student club/organization? Yes No

Projected Attendance _____ Will you use Catering? Yes (call x8501) No

Space Requested _____

Setup Info

(Required if requesting space other than a classroom or MCLT 103)

Please Check Appropriate Setup:

___ Theater ___ Classroom ___ U-Shape ___ Square

___ Banquet (round tables) ___ Board

Special (please indicate): _____

Number of Extra Tables For:

___ Head Table ___ Registration ___ Display ___ Food

Number of Extra Chairs For:

___ Head Table ___ Registration ___ Display

Other Needs:

___ Podium ___ Whiteboard ___ Lectern ___ Easel ___ Stage (CK Only)

Audio/Media Info

Account Number _____ - _____ - _____ - _____ (Required)

Audio (Please indicate number of mics):

___ Podium Mic # ___ ___ Mic on Stand # ___ ___ Mic on Boom # ___

___ Lectern Mic # ___ ___ Tabletop Mic # ___

___ Wireless Handheld Mic # ___ ___ Wireless Headset Mic # ___

___ CD Playback ___ Cassette Recording ___ CD Recording ___ Technician

Media:

___ Computer Projector ___ Screen ___ TV/VCR ___ DVD Player

___ Laptop If yes, Powerpoint? Yes No ___ Overhead ___ Internet

___ Slide Projector ___ Technician ___ Video Playback