



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 UC 208, 212, 214)

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