University Events Request Form

All information must be entered to ensure timely scheduling.

Name		Phone Number	
Department/Organiza	tion	E-mail	
Address			
Event Title		Event Attendance	
Event Description			
Event Date			
Facility Request			
	Private Event	Public Event	
Event Start Time		Event End Time	TY
Set-up Time	NL 2 Alfred	Clean-up Time	A. 3. A.
Set-up For Event:	EVE	NTS	
-	Please include audio visual, sound, and	building service support needs.	nclude diagram if available.
	Will food be served? If Yes, explain.		
	Will you need any special parking request?		

Please allow up to five days, for e-mail confirmation on all facility request.

Please include all facility set-up, as it will be considered in each request as well.