|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Please complete each section with as much information as possible; mark empty sections with ‘n/a.’*** | | | | | | | | | | | | | | | | | | | | | | |
| \*\*\*Office of University Events use only:  Signature Event  Marquee Event  Collegiate Event  Full Support  Intermediate Support  Basic Support | **Logistics** |  | | | | | | | | | | | | | | | | | | | | |
| **Event Name:** | | Click here to enter text. | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |  |  | | |
| **Event Date:** | | Click here to enter a date. | | | | | | | | | | **Event Time:** | | | | | | 00 : 00  a.m.  p.m. | | |
|  | | | | | | |  | | | | | | | | | |  |  | | |
| **Main Point of Contact:** | | | | | | | Click here to enter text. | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | | | |  |
|  | | | | | | | **Contact #** | | | Click here to enter text. | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | | | |  |
|  | | | | | | | **Email Address:** | | | | | | Click here to enter text. | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | | | |  |
| **Department/Organization:** | | | | | | | | Click here to enter text. | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | |  |  | | |
| **Budget Code:** | | | Click here to enter text. | | | | | | | | | |  | **Is this a VIP Event?** | | | | | Yes  No | |
|  | | | | | | |  | | | | | | | | | |  |  | | |
| **Proposed Budget:** | | | | $ Click here to enter text. | | | | | | | | | | | *(please provide a summary of costs for the event)* | | | | | |
|  | | | | | | |  | | | | | | | | | |  |  | | |
| **Purpose/Goals of Event:** | | | | | |  | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Has this event been submitted in 25Live?**  *(please forward copy of confirmation, once available)* | | | | | | | | | | | Yes  No | | | | | | | | | |
| Rationale:  Click here to enter text. |  | | | | | | | | | | | | | | | | | | | | | |
| **Venue** |  | | | | | | |  | | | | | | | | | |  |  | | |
| **Proposed Location:** | | | | | Click here to enter text. | | | | | | | | | | | | | | | |
| Has this location been reserved? (*Please attach space contract/room set-up form*)  Yes  No | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | |  |  | | |
| **Set-Up:** | (*Use the space provided to draw and/or explain the set-up of your venue; be as detailed as possible)* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Additional Needs:** | | | | | | *(Using the space below, please list any additional equipment needs, e.g. podium, laptop, etc.)* | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*\*\*Office of University Events use only:  University and Donor Event Coordinator: \_\_Choose an item. |  | | | | | | | | | | | | | | | | | | | | |
| **Guests** |  | | | | | |  | |  | | | | | | | | | |  | |
| **Invited Guest Count:** | | | | | | Click here to enter text. | | | | | (*please attach a copy of your guest list*) | | | | | | |  | |
|  | | | | | |  | |  | | | | | | | | | |  | |
| **Expected Guest Count:** | | | | | | | Click here to enter text. | | | | | |  | | | | |  | |
|  | | | | | |  | |  | | | | | | | | | |  | |
| **How will you communicate with your guests? (*please check all that apply*)** | | | | | | | | | | | | | | | |  | |  | |
|  |  | |  | | | | | | | | | | | | | | |  | |
|  |  | | | | Print/Email Invitation (*please attach invitation)* | | | | | | | | | | | | |  | |
|  |  | | | |  | | | | | | | | | | | | |  | |
|  |  | | | | Invitation Letter (*please attach generic copy of letter*) | | | | | | | | | | | | |  | |
|  |  | | | |  | | | | | | | | | | | | |  | |
|  |  | | | | Other (*please explain and attach an example*) or □ No Invitation Needed (*explain below)* | | | | | | | | | | | | | | |
|  |  | | | | | Click here to enter text. | | | | | | | | | | | |  | |
|  |  | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Catering** |  |  | | | | |  | | | | | | | | | | | |  | |
| **Will your event require catering:** | | | | | | | | □ Yes | | | | | | | | | |  | |
|  | | | | | | | | □ No (*please skip to the next section of the form*) | | | | | | | | | |  | |
|  | | | | | | | |  | | | | | | | | | |  | |
| **Aramark Catering Invoice # (*please attach a copy of the invoice*)** | | | | | | | | | | | | | | | Click here to enter text. | | | |  |
|  | | N/A (*if so, please complete the following list*): | | | | | | | | | | | | | | | |  | |
|  | | | | Name of Caterer/ Catering Business: | | | | | | | |  | | | | | |  | |
|  | | | | Invoice #: | | | | | | | | Click here to enter text. | | | | | |  | |
| Executive Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mrs. Kimberly Fair-Reese |
|  | | | | Vendor Registration # (Banner ID): | | | | | | | | Click here to enter text. | | | | | |  | |
|  | | | |  | | | | | | | |  | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Staff** |  | | | |  | | | | | | | |  | | | | | | | |
| **Will your event require staffing:** | | | | | | | | | □ Yes | | |  | | | | | |  | |
|  | | | | | | | | | □ No | | | | | | | |  |  | |
| Have you identified persons to staff your event? | | | | | | | | | | Yes *(please attach a list of these persons)* | | | | | | | | | |
|  | | | | | | | | | | □ No | | | |  | | | | | |
| **Briefly describe your staffing needs:** | | | | | | | | |  | | |  | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | |  | |
|  | |
|  | |
|  | | | | | | | | | | | | | | | | | | | | | |

**Have you included the following?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 25Live Confirmation | Cost Summary | Detailed Set-Up | Guest List | Catering Invoice | Staff Listing |
| N/A | N/A | N/A | N/A | N/A | N/A |
| Are you requesting a Run-of-Show from the Office of University Events Yes  No (if not, please include a copy of the Run-of-Show) | | | | | |