|  |
| --- |
| ***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) |