

Events Form

Return completed form to:
 Director of Events
 Room 174

EVENT INFORMATION:

Event Date: _____ Date of Request: _____

Event Name: _____ Phone Number: _____

Contact Name: _____ Email: _____

Event Location: _____

Event Start: _____ AM/PM End: _____ AM/PM

Reserved: _____ AM/PM End: _____ AM/PM

Anticipated Number of Attendees: _____ Number of Speakers: _____

Names of Speakers: _____

PLANNING:

- Law School Community Calendar
- Location determined/Room Reservation made
- Dean's briefing(if applicable)

CATERING SERVICES

Food ___ Yes ___ No

Budget \$ _____

- Reception
- Light hors d'oeuvres
- Heavy hors d'oeuvres
- Cookies
- Dinner ___ buffet ___ Plated
- Beverages only

Table Linens Yes No

Biodegradable Tableware Yes No

Alcohol Approval form required if alcohol is being served

- Submitted
- Approved

FACILITIES/ROOM SET-UP

Tables: ___ # Needed

___ Registration

___ Display

___ Food

___ Beverage

___ Head Table

Chairs: ___ # Needed

___ Registration

___ Display

___ General Seating

Trashcans: Yes No # of Trashcans ___

Coat Rack Yes No

Whiteboard Yes No

Easel Yes No

Flip Chart Yes No

Notes:

Diagram of Layout:

AUDIO VISUAL/MEDIA

Podium (with Microphone) _____

Laptop _____

Wireless Lapel Microphone _____

Table Lectern _____

Microphone w/ Stand _____

Screen _____

Slide/Overhead Projector _____

Conference Phone _____

TV/VCR _____