



## Basic Event Information

Event Name:

Today's Date:

Event Description/  
Purpose:

Event Date:

Start Time :

Estimated Head Count:

Cost Center:

Estimated Budget:

Phone Number:

Event Type:

Meeting

Event

Primary Day of Contact:

Campus:

Email Address:

Department/ Affiliate:

## Room Layout Information

Designated Rooms:					# of Tables/Chairs			
					High Tops Classroom	Round Table Chairs	6' table	8' Table Registration Table
Passano Lobby	201	203	204					
205	206	214	215	216				
230	503	504	538	601	Linens Needed:			
603	604	634	1201	1222				
1243	1289	1301	1361	24A				
24B	24C	DC Student Commons		DC 117				
DC 109/110								

## Catering Information

			Will Alcohol be Served?	Yes	No
Will Food be Served?	Yes	No	If yes, Is the liquor license on file?	Yes	No
Caterer Name(s):					
Arrival Time(s):					

---

## Logistical Information

Audio/Visual Needs:

Audio      Laptop      Handheld Mic  
Podium      Lapel Mic      Video Conferencing  
On-Site Technician

Photography/Videography

Needs:

Yes      No

Event Signage Needs:

Will Guests Need Parking Validations?      Yes      No

*If Yes, Number of Passes Needed:*

Will VIP Guest(s) Be in Attendance?      Yes      No

---

## Event Program/Timeline

---

## Additional Information