

IMMACULATA UNIVERSITY

Event Registration & Set-up Form

THIS FORM SHOULD BE MADE AT LEAST TWO WEEKS IN ADVANCE

Date Submitted: _____ Date of Event: _____

Name of Group: _____ Actual Time of Event: _____

Begin: _____

End: _____

Building: **Please only submit this form after facilities available has been confirmed.** _____

Room Location: _____

Requested By: _____

Faculty Responsible: _____

Student Chairman: _____

Phone: _____

Phone: _____

Date of Set-up: _____

Start Time: _____

Date of Break-down: _____

Finish Time: _____

Number Expected: _____

Students: _____

Visitors: _____

SUBMIT DIAGRAM OF SET-UP

Room Set-up: State Type and Quantity of Equipment

Microphone _____ Chairs # _____

Podium _____ Chair set-up _____

Screen _____ Overhead _____

TV/VCR _____ Platform _____

Smart Set _____ Tables: _____

Easels Types: _____ Display # _____

Poster Easel # _____ Seminar # _____

Flip Chart Easel # _____

(Paper **NOT** supplied)

Special Notes: Diagram

Refreshments:

Dept. Code to Charge:

Acct. to Charge: (6492)

Type of Food Desired:

Time to Deliver Food:

Time to Clear Food:

Location of Food:

Number Expected:

Type of Table

Buffet #

Dining #

Other #

Please forward form, as an attachment, via e-mail only to Facilities Director.

Thank you