

# 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.** \_\_\_\_\_ Phone: \_\_\_\_\_

Room Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Requested By: \_\_\_\_\_ Date of Set-up: \_\_\_\_\_

Start Time: \_\_\_\_\_

Faculty Responsible: \_\_\_\_\_ Date of Break-down: \_\_\_\_\_

Student Chairman: \_\_\_\_\_

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)

Time to Deliver Food:

Time to Clear Food:

Location of Food:

Number Expected:

Type of Table

Buffet #

Dining #

Other #

**Type of Food Desired:**

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

Thank you