



CONTACT:

Office of Event Scheduling and Support
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Event Inquiry Form

CONTACT INFORMATION

Name: _____
Phone Number: _____
Email Address: _____
Name of Organization: _____
How did you hear about us? _____

EVENT INFORMATION

Event Name: _____
Type of Event: _____
Event Date: _____
Event Start Time: _____
Event End Time: _____
Will you need access to the room prior to event start time? If so, what time?

Anticipated Head Count: _____
General Catering Needs: _____

General Media Services Requirements: _____

Agenda (Please attach agenda or briefly describe here): _____

Additional Information: _____

