# Event Reservation Request

All fields with a red asterisk are required fields. The form will not submit unless those fields are completed correctly.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME</strong></td>
<td>Your first and last name</td>
</tr>
<tr>
<td><strong>EMAIL</strong></td>
<td>your email address</td>
</tr>
<tr>
<td><strong>PHONE NUMBER</strong></td>
<td>your phone/cell number</td>
</tr>
<tr>
<td><strong>INDEX CODE/ ACCOUNT NUMBER</strong></td>
<td>All event requests MUST include an account number. We regret that we are unable to process your request until this number is provided. Please be kind and be sure to input a true Banner index or account number in the field. XXXXXXX (enter X's - it will still go through)</td>
</tr>
<tr>
<td><strong>EVENT TITLE</strong></td>
<td>Please keep in mind that this is the public name of your event and title listing in the campus calendar. You are limited to 120 characters. Thesis Committee Meeting/Defense</td>
</tr>
<tr>
<td><strong>PREFERRED LOCATION</strong></td>
<td>Leave the blank if you prefer an appropriate location to be identified for your event. Suggested: MBH 148, 331, or 430 (not 555), avoid lab rooms</td>
</tr>
<tr>
<td><strong>EXPECTED ATTENDANCE</strong></td>
<td>4 or however many you expense</td>
</tr>
<tr>
<td><strong>EVENT DATE</strong></td>
<td>Dec 10 2017</td>
</tr>
<tr>
<td><strong>PREFERRED START TIME</strong></td>
<td>Identify the actual start of the event. Please do not list extra time for set up needed in this time block. 1:00 am or pm</td>
</tr>
<tr>
<td><strong>PREFERRED END TIME</strong></td>
<td>Please list the time you anticipate the event to conclude. Do not include time for clean up in this time block. 3:00 am or pm</td>
</tr>
<tr>
<td><strong>EXTRA TIME REQUIRED ON ROOM RESERVATION</strong></td>
<td>Describe the length of time you will need both before &amp; after your event for setting up or clearing your own materials. We will include any additional time anticipated to allow for service providers to complete any tasks they may have. “5 MINUTES BEFORE and AFTER THE EVENT”</td>
</tr>
<tr>
<td><strong>EVENT SPONSOR TYPE</strong></td>
<td>Academic Department</td>
</tr>
<tr>
<td><strong>KEY SPONSOR ORGANIZATION</strong></td>
<td>Provide us with the complete name of sponsoring organization/department here. (Please do not abbreviate). Biology Department (or Neuroscience, if your adviser is NSCI)</td>
</tr>
</tbody>
</table>
ADDITIONAL SPONSORS
Provide us with the complete name of any additional sponsoring organizations/departments. (Please do not abbreviate.)

PROGRAM NAME
If a program of events, please provide the Program Name (for example: Clifford Symposium)

PROGRAM TYPE
☑ Single Event
☐ Recurring Event

RECURRING EVENT DETAILS
EXAMPLE: Same event occurs on multiple dates and/or times.

DEFINE THIS EVENT *
To help us better understand your needs, please provide a detailed event description. EXAMPLE: a 1 hour lecture presenting slides and a discussion panel. A short reception will follow the event and will need a reception area for this component.

Thesis committee meeting (OR Thesis Defense)

GUEST TYPE
Is the presenter/performer an international guest traveling to Middlebury from abroad?
☑ Yes
☐ No

INTENDED AUDIENCE *
☑ STUDENTS
☑ FACULTY
☐ STAFF
☐ ALUMNI
☐ GENERAL PUBLIC

ON-SITE EVENT CONTACT: *
Please provide the name of the contact person who will be ATTENDING the event.

Give your name

CELL PHONE # *
Please give us a CELL PHONE number for the contact attending the event, in case of emergency.

Give your cell #

CATERING PLANS *
☑ Food/alcohol will not be served at this event
☐ Will arrange catering through MiddCatering
☐ Will arrange food from an off campus source

TECHNOLOGY NEEDS *
☑ Technology is not necessary for this event
☐ Will use technology in the room, but do not need Media Services support.
☐ Would like to receive a call from Media Services to discuss my technology needs.
IS THIS A VIDEO CONFERENCE?
- YES
- NO

SET UP/ EQUIMENT REQUIRED *
If the room needs additional set up services or the delivery of equipment, please define those details as best as possible here.

Will use the room as normally arranged.

POST TO CALENDAR? *
- YES
- NO

CALENDAR TEXT
Provide the text desired for posting this event on events calendars on the web. The only acceptable HTML tags are (for creating BOLD text) and (for creating ITALIC text). Please remove all other HTML tags- especially if you are copying text from a website. TEXT IS LIMITED TO A MAXIMUM OF 120 WORDS:

This text will be reviewed for obvious errors only. Detail will not be edited for content.

EVENT PHOTO
You may upload a photo that will display in the calendar listing for this event. Only .jpg or .gif files are accepted. Please keep the dimensions to approximately 450 pixels x 300 pixels or less and under 300 KB. Be aware that all images submitted must have proper copyright publication permissions. If you have questions about the copyright status of an image, please consult with Terry Simpkins in LIS.
Files must be less than 300 KB. Allowed file types: gif jpg.

Submit