Event Reservation Request

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

NAME: *
Your first and last name

EMAIL: *
your email address

PHONE NUMBER: *
your phone number

INDEX CODE/ACCOUNT NUMBER: *
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 this field.
** STUDENTS -- if you are submitting this form for a study room in the library, account numbers are NOT required.

XXXXXX [it's okay to leave as x's]

EVENT NAME: *
Limited to 40 characters. Keep in mind that this is the public name of your event and title listing in the campus calendar.

Thesis Committee Meeting/Defense

PREFERRED LOCATION:
Leave this blank if you prefer an appropriate location to be identified for your event.

Suggested rooms: MBH 631, 148, 331, 430 (NOT 555)

EXPECTED ATTENDANCE: *
5 (or however many you are)

EVENT DATE: *
May 18 2012

PREFERRED START TIME: *
Identify the actual start of the event. Please do not list extra time for set up needed in this time block.

hour minute am pm

PREFERRED END TIME: *
Please list the time you anticipate the event to conclude. Do not include time for clean up in this time block.

hour minute am pm

EXTRA TIME REQUIRED ON ROOM RESERVATION:
Describe the length of time you will need both before & 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.
EVENT SPONSOR TYPE: *
Academic Department

KEY SPONSOR ORGANIZATION: *
Provide us with the complete name of sponsoring organization/department here. (Please do not abbreviate).

Biology Department

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
- Program of Events or Symposium

RECURRING EVENT DETAILS:
EXAMPLES: Occurs on the follow dates: mm/dd/yy; mm/dd/yy; ~or~ Occurs every Friday from mm/dd/yy thru mm/dd/yy; ~or~ occurs on the first Monday of each month of the academic year

If any... Further event submissions for program of a series of events are found below.

DEFINE THIS EVENT: *

Path: p
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.

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| Thesis committee meeting (OR: Thesis Defense) |

Path: p

**INTENDED AUDIENCE:** *

- [ ] STUDENTS
- [x] FACULTY
- [ ] STAFF
- [ ] ALUMNI
- [ ] GENERAL PUBLIC

**CATERING PLANS:** *

- [ ] Food/alcohol will not be served at this event
- [ ] Will arrange catering through the Grille
- [ ] Will arrange catering through Atwater Dining
- [ ] Will arrange catering through 51 Main @ the Bridge
- [ ] Will arrange food from an off campus source & pick it up
- [ ] Will order food from an off campus source & have it delivered
- [ ] Will hire an off campus caterer to meet the food and/or alcohol needs for this event

**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.

**SET UP/ EQUIPMENT REQUIRED:** *

If the room needs additional set up services or the delivery of equipment, please define those details as best as possible here.

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| Will use the room as normally arranged |

Path:
**Post to Calendar?:** *

| 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.

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**2nd PROGRAM EVENT NAME:**

Limited to 40 characters. Keep in mind that this is the public name of your event and title listing in the campus calendar.

N/A

**2nd PROGRAM EVENT DATE:**

Month | Day | Year

**2nd PROGRAM EVENT START TIME:**

hour | minute | am | pm

**2nd PROGRAM EVENT END TIME:**

hour | minute | am | pm

**2nd PROGRAM EVENT LOCATION:**

N/A

**3rd PROGRAM EVENT NAME:**

Limited to 40 characters. Keep in mind that this is the public name of your event and title listing in the campus calendar.

N/A

**3rd PROGRAM EVENT DATE:**

Month | Day | Year

**3rd PROGRAM EVENT START TIME:**

hour | minute | am | pm

**3rd PROGRAM EVENT END TIME:**

hour | minute | am | pm

**3rd PROGRAM EVENT LOCATION:**

N/A

**4th PROGRAM EVENT NAME:**

Limited to 40 characters. Keep in mind that this is the public name of your event and title listing in the campus calendar.

N/A

**4th PROGRAM EVENT DATE:**

Month | Day | Year

http://www.middlebury.edu/offices/business/scheduling/eventreserve
4th PROGRAM EVENT START TIME:

hour [ ] minute [ ] am [ ] pm [ ]

4th PROGRAM EVENT END TIME:

hour [ ] minute [ ] am [ ] pm [ ]

4th PROGRAM EVENT LOCATION:

N/A

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.

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