You have already submitted this form. View your previous submissions.

Event Reservation Request

Do not publicize, sign contracts, make airline/hotel reservations, or other commitments until your event date has been approved and a space has been assigned. Your event is confirmed only when you have received and "R25" Event Confirmation.

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/cell 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.

XXXXXXXX [leave as X's - it will still go through!]

EVENT NAME: *
Please 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.

[put room choices, e.g. MBH 631, 148, 331, 430 (NOT 555)]

**EXPECTED ATTENDANCE:** *
4 (or however many you expect)

**EVENT DATE:** *
| Jan | 13 | 2014 |

**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.

15 MINUTES BEFORE and AFTER THE EVENT

Path:

**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 following 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

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.

http://www.middlebury.edu/offices/business/scheduling/forms/eventreserve
INTENDED AUDIENCE: *

☐ STUDENTS
☐ FACULTY
☐ STAFF
☐ ALUMNI
☐ GENERAL PUBLIC

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

[Your Name]

ON-SITE EVENT CONTACT PHONE #: *
Please give us a phone number for the contact attending the event in case of any problems.

[Your phone/cell number]

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.

<table>
<thead>
<tr>
<th>Format</th>
<th>Styles</th>
</tr>
</thead>
</table>

Will use the room as normally arranged

**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.

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.

**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:**

**2nd PROGRAM EVENT START TIME:**
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 [ ]

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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• Directions & Contact Information
  Directory

**Mailing Address**
Middlebury College
Middlebury, Vermont 05753
802.443.5000
Directions to Middlebury