Event Reservation Request

Logged in via CAS as Joanna Shipley shipley@middlebury.edu.

Event Reservation Request

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

NAME: *

EMAIL: *

PHONE NUMBER: *

EVENT SPONSOR TYPE: *

ACCOUNT NUMBER: *

PROGRAM TYPE:

- Single Event
- Recurring Event
- Program of Events or Symposium

PROGRAM NAME:

[SKIP]

EVENT TITLE: *

PREFERRED LOCATION:

List MBH rooms here (try MBH 631, 331, or 430)

EVENT DATE: *
Choose date and times you need

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

Please list the time you anticipate the event to conclude. Do not include time for clean up in this time block.

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.

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

KEY SPONSOR ORGANIZATION :

Biology Department

Provide us with the contact sponsoring organization/department name here.

ADDITIONAL SPONSORS:

Provide a list of any additional sponsors included for this event.

DEFINE THIS EVENT:


A meeting with thesis committee

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.

**EXPECTED ATTENDANCE:**

[# of people, e.g. 4]

**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:**

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

Will use the room as normally arranged

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

**CALENDAR TEXT:**

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Styles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Will [NOT] host this event to the calendar, but the text is not ready at this stage.

Provide the text desired for posting this event on events calendars on the web.

2nd PROGRAM EVENT TITLE:
N/A

2nd PROGRAM EVENT DATE:
Year □ Month □ Day □

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 TITLE:
N/A

3rd PROGRAM EVENT DATE:
Year □ Month □ Day □

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 TITLE:
N/A

4th PROGRAM EVENT DATE:
Year □ Month □ Day □

4th PROGRAM EVENT START TIME:
hour □ minute □ am □ pm

4th PROGRAM EVENT END TIME:
hour □ minute □ am □ pm

4th PROGRAM EVENT LOCATION:
N/A

Submit