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 an "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 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:
XXXXX (it's okay to leave as X's)

**EVENT TITLE**
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

**PREFERRED LOCATION**
Leave this blank if you prefer an appropriate location to be identified for your event,
Suggested: MBH631 or 148 or 331 or 430 (not 555), avoid lab rooms

**EXPECTED ATTENDANCE**
4 (or however many you are)

**EVENT DATE**
May ▼ 5 ▼ 2015 ▼
PREFERRED START TIME *
Identify the actual start of the event. Please do not list extra time for set up needed in this time block.
10 ▼: 00 ▼ 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.
12 ▼: 15 ▼ 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.

TYPE: "5 MINUTES BEFORE and AFTER THE EVENT"

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 (if your adviser is a Biology professor)

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)
if any...

PROGRAM TYPE
◉ Single Event
◉ Recurring Event
◉ Program of Events or Symposium

RECURRING EVENT DETAILS
EXAMPLES: Occurs on the following dates: mm/dd/yyyy; mm/dd/yyyy; or Occurs every Friday from mm/dd/yyyy thru mm/dd/yyyy; 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 *
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)

INTENDED AUDIENCE *
☑ STUDENTS
☑ FACULTY
ON-SITE EVENT CONTACT *
Please enter the name of the contact person who will be ATTENDING the event.

PHONE # *
Please give us a phone number for the contact attending the event in case of any problems.

CATERING PLANS *
- Food/alcohol will not be served at this event
- Will arrange catering through The Grille
- Will arrange catering through Alwater 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.

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.

[LEAVE BLANK]

2nd PROGRAM EVENT TITLE
Limited to 120 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
Apr 13, 2015

2nd PROGRAM START TIME
hour:minute am pm

2nd PROGRAM END TIME
hour:minute am pm

2nd PROGRAM EVENT LOCATION
3rd PROGRAM EVENT TITLE
Limited to 120 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
Apr 13 2015

3rd PROGRAM START TIME
hour : minute am pm

3rd PROGRAM END TIME
hour : minute am pm

3rd PROGRAM EVENT LOCATION
N/A

4th PROGRAM EVENT TITLE
Limited to 120 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
Apr 13 2015

4th PROGRAM START TIME
hour : minute am pm

4th PROGRAM 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.
Files must be less than 300 KB.
Allowed file types: .gif .jpg.

Choose File: No file chosen

Submit