

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: *

EMAIL: *

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.

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

Select the times you need, and don't forget to check am/pm !

PREFERRED END TIME: *

Please list the time you anticipate the event to conclude. Please 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.

Format												Styles											
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).

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.

Format		Styles									
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. TEXT IS LIMITED TO A MAXIMUM OF 120 WORDS.

Format		Styles									
This text will be reviewed for obvious errors only. Detail will not be edited for content.											
Path:											

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: : am pm**2nd PROGRAM EVENT LOCATION:****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.

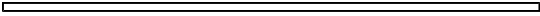
3rd PROGRAM EVENT DATE: **3rd PROGRAM EVENT START TIME:** : am pm**3rd PROGRAM EVENT END TIME:** : am pm**3rd PROGRAM EVENT LOCATION:****4th PROGRAM EVENT NAME:**

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

4th PROGRAM EVENT DATE: **4th PROGRAM EVENT START TIME:** : am pm**4th PROGRAM EVENT END TIME:** : am pm**4th PROGRAM EVENT LOCATION:****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.





Admissions 802.443.3000
admissions@middlebury.edu

Public Safety
publicsafety@middlebury.edu