Date Submitted: ___________________

Education Events Office
EVENT FORM

Event Name: _____________________________________________

Department Name: _____________________________________________________________________

Primary Contact Person: __________________________________________________________________

_____________________________  ________________________________
Email  Phone Number

Date: ________________________________________________________________________________

Location: _____________________________________________________________________________

Backup Location (if needed) __________________________________________________________________

Start time: ______________________________  End time: _________________________________

Type of Event:
☐ Breakfast/Lunch/Dinner  ☐ Lecture  ☐ Social  ☐ Student Event
☐ Retreat  ☐ Other___________________

Number of People attending (estimate): __________________________________________

Funding:
☐ Department Credit Card  ☐ Fund Transfer  ☐ Education Event PCard
☐ Check Requisition  ☐ Other___________________

Fund Number: ______________________________

Budget: ______________________________

Who attends your event?
☐ Dean Glimcher
☐ Students
☐ Faculty
☐ Staff
☐ Public

How many times does this event occur?
☐ Once
☐ Weekly
☐ Monthly  
☐ Yearly  

**How do you promote your event?**  
☐ Email  
☐ Mail  
☐ WCMC Event Calendar  
☐ Poster / Flyers  

**Do you provide alcohol?**  
☐ Yes  
☐ No  

**Are all guests over 21?**  
☐ Yes  
☐ No  

**Is there food at this event?**  
☐ Yes  
☐ No  
☐ Griffis Catering  
☐ Outside Catering (Provide last year's catering invoice)  

**Do you need AV?**  
☐ Yes  
☐ Microphone/Podium  
☐ PowerPoint set up  
☐ LCD Projector  
☐ Screen  
☐ Encode  
☐ Other___________________________________________________________  
☐ No  

**Provide a detailed description of your event**  
Please provide past contracts/ itinerary from previous years.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________