

Date Submitted: _____



Weill Cornell Medical College

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
 - Griffis Catering
 - Outside Catering (Provide last year's catering invoice)
- No

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.
