

SPECIAL EVENTS

Date Received _____

Date Faxed _____

This form is designed to help you plan your special events. The various departments you may need to contact have been listed along with the contact person. It is suggested that contacts be made early, starting with **Room Scheduling**, so that appropriate action may be taken!

Name of Event: _____

Date(s) of Event: _____

Time (Start to Finish): _____

Location (s) Building: _____

Contact Person: _____ Phone Number: _____

Number of people expected to participate _____
_____ College Personnel _____ Public

Alcohol served: _____

Publicity: _____

If *room setup* is required, please complete the next page.

NOTE: The special events form **must be submitted** no later than **14 calendar days PRIOR to the event**. Room setup will NOT be provided if you fail to comply with this deadline.

DISTRIBUTION LIST:

FACILITIES MANAGEMENT—Gerry Hildebrandt

GROUNDS & MOVING –ML #0185 – FAX: 556-5173

HOUSEKEEPING – ML #0080

PUBLIC SAFETY/APPLIED SCIENCE SECURITY – Officer Ziegler

If alcohol is served or if general public is invited – Kenneth Lewis, 556-1111, ML #0215

ROOM SCHEDULING – Minnie Easley, 556-6580

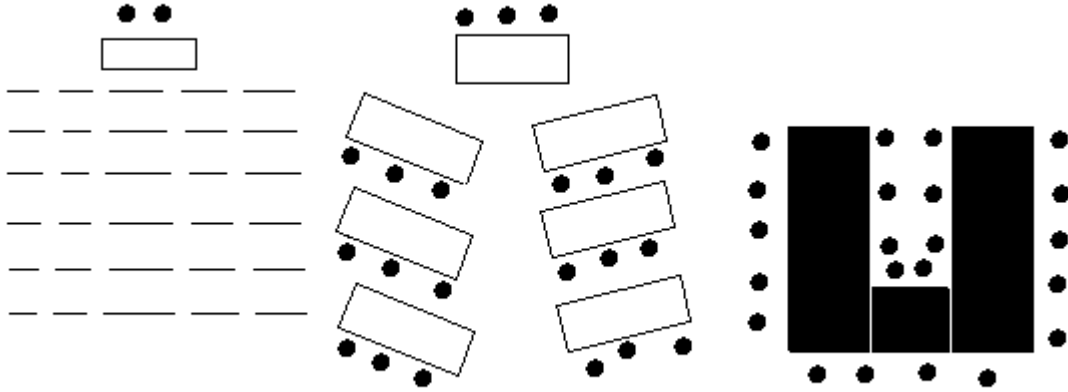
STUDENT SERVICES –

Parking and Informational: Pam Hogeback, 556-6564

UPON COMPLETION, PLEASE RETURN THE SPECIAL EVENT FORM TO *Sherri Cmar*, ROOM A208, 556-6529.

Room Setup

Circle the setup you desire for your event.



Additional Information:

___ Food Table ___ Inside Room ___ Outside Room

___ Head table for ___ People

___ Display Table

___ Registration Table ___ Inside Room ___ Outside Room

___ Standing Podium

Additional Instructions:

NO POSTING ON WALLS OR COLUMNS