

Request for Event Planning Assistance

Instructions:

If you want to use our in-house event planner, Susan Randall, please provide requested information below.

Please note that the law school department requesting assistance is responsible for following all

procedures for processing payments associated with the event.

It is the department's responsibility to stay in contact with the planner as needed for the event change/progress.

Name of Requestor:			Department:			
Email:		Phone/Cell:	hone/Cell: Billing Org Code		Org Code:	
Event Name:			Date: Start/End Time:			
Budget/Est Cost:			Set-UpTime : Takedown:			
Location/Room preference:		Funding:	State	Foundation	Others	
Request Room Reservation: Yes No			Expected No. of Attendees:			
Brief Description/Purp	ose of Event (add/attach	agenda/timeline)				
SET-UP REQUIREME						
Classroom: : As is Specify:			Open Areas:	None		
			Round Table		Hi Top Tables	
Media: (Note - classrooms have computers and zoom facilities).			Rectagular T	ables	Chair	S
			Photographe	r Vi	ideographer	A/V Technician
Microphone (s) Music (Specify)			Others (Please Specify)			
Additional Notes (if ar	ny – e.g. extra tables; bro	eakout rooms, etc):				
FOOD REQUIREMEN	ITS					
Serving Food: Yes No		Full service Catering Delivery only				
Food Service type:	Seated	Buffet	Specify Alcoholic drinks (if any):			
Meal(s): Breakfa	ast Lunch	Dinner	Preferred Cuisine:			
AM Sr	nacks PM Snacks	Reception	Preferred Cater	rer (if any)):	
Other Amenities/Suppo paperwork, Housekeep	ort Requested (Please Sping clean-up, etc)	ecify, e.g. Flowers,	, Nametags, Printe	ed menu, I	Parking, Signage,	Campus Police/security
Drovida timalina far ra	ceipt of preliminary plar	from Dlannon				
Frovide dineffne for rec	ceipt of preliminary plar	i itolii fianner:				
Submitted by:						1
Submitted by.			Date:			
			Dui	ic.		