

## Request for Event Planning Assistance - *This form is for Faculty and Staff use only.*

### Instructions:

If you want to use our in-house event planner, 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:                | Billing Org Code: |                         |
| Event Name:                                                     | Date:                      | Start/End Time:   |                         |
| Budget/Est Cost:                                                | Set-Up Time :              | Takedown:         |                         |
| Location/Room preference:                                       | Funding:                   | State             | Foundation Others _____ |
| Request Room Reservation:      Yes      No                      | Expected No. of Attendees: |                   |                         |
| Brief Description/Purpose of Event (add/attach agenda/timeline) |                            |                   |                         |

### SET-UP REQUIREMENTS

|                                                                     |                                                                                          |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Classroom: :      As is      Specify:                               | Open Areas:    None<br>Round Tables      Hi Top Tables<br>Rectangular Tables      Chairs |
| Media: (Note - classrooms have computers and zoom facilities).      | Photographer      Videographer      A/V Technician                                       |
| Microphone (s)      Music (Specify)                                 | Others (Please Specify)                                                                  |
| Additional Notes (if any – e.g. extra tables; breakout rooms, etc): |                                                                                          |

### FOOD REQUIREMENTS

|                                                                                                                                                                          |                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Serving Food:      Yes      No                                                                                                                                           | Full service Catering      Delivery only                      |
| Food Service type:      Seated      Buffet                                                                                                                               | Specify Alcoholic drinks (if any):                            |
| Meal(s):      Breakfast      Lunch      Dinner<br>AM Snacks      PM Snacks      Reception                                                                                | Preferred Cuisine: _____<br>Preferred Caterer (if any): _____ |
| Other Amenities/Support Requested (Please Specify, e.g. Flowers, Nametags, Printed menu, Parking, Signage, Campus Police/security paperwork, Housekeeping clean-up, etc) |                                                               |

Provide timeline for receipt of preliminary plan from Planner:

Submitted by:

Date:

**INSTRUCTIONS:** Please email completed form to [lawroom@gmu.edu](mailto:lawroom@gmu.edu).