EVENT REQUEST FORM

Administration Use Only:
Date Received: ___________________________ Received by: ___________________________
Date Approved: ___________________________ Approved by: ___________________________

EVENT CONTACT INFORMATION
Client Name: ___________________________ Contact Phone: ___________________________
Cell Phone: ___________________________ Contact Email: ___________________________
Mailing Address: ___________________________ City: __________ State: __________ Zip: __________
Billing Address (If different from above): ___________________________ City: __________ State: __________ Zip: __________
Class Name/Section (If applicable): ___________________________
Class Instructor (If applicable): ___________________________

EVENT DETAILS
Event Name: ___________________________
Event Description: ___________________________
Preferred Event Date(s): __________ Alternate Date(s): __________
Expected number of attendees: __________ Event Start Time: __________ Event End Time: __________

Event Type

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Reception</th>
<th>Class/Training/Seminar</th>
<th>Meal Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibition/Trade</td>
<td>General Session</td>
<td>Interview</td>
<td>Tabling/Registration/Recruitment</td>
</tr>
<tr>
<td>Show</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other/Additional: __________________________________________

Rooms/Area Requested

<table>
<thead>
<tr>
<th>Disney Dining Room</th>
<th>The Courtyard Café</th>
<th>Beer &amp; Wine Lab</th>
<th>Courtyard/Front Gates</th>
<th>Darden Auditorium</th>
</tr>
</thead>
<tbody>
<tr>
<td>102R – CFHLA</td>
<td>102 G</td>
<td>102 I</td>
<td>102 J</td>
<td>Hall of Fame</td>
</tr>
<tr>
<td>Executive Development</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Classrooms/Other/Additional: __________________________________________
Audio/Visual: __________________________________________

CATERING

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>Lunch</td>
</tr>
</tbody>
</table>

SAFE Form Initiated No or N/A Yes POC: ___________________________

Requester (Print Name): __________________________________________
Signature: ___________________________ Date: __________________
Faculty Signature: ___________________________ Date: __________

This form must be submitted to the Events Office at least two weeks prior of requested date(s) for approval.