

BHC LHC NCK NMC Multiple

Event Date/Days Event Name Requesting Organization/Department

Event Start Time Event End Time Arrival Time Departure Time # Attendees [Fee Schedule](#)

Point of Contact Name Point of Contact Phone Number Point of Contact Email Address

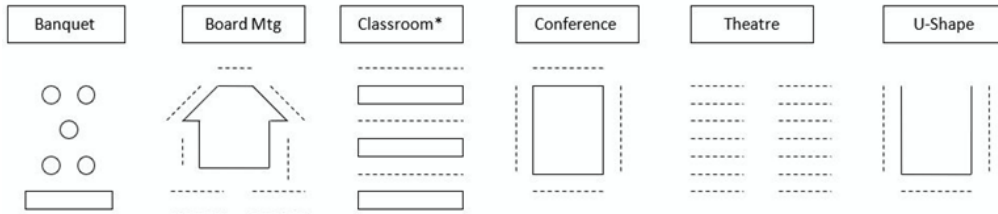
Type of Facility Requested Room # if known Facility Assigned (for office use only)

Event Description:

Minors?

Food?

Requested Room Set-Up:



Requested Equipment: *a small fee may be assessed for items or services (technicians) outside of normal business hours

Presenter Podium (computer & projection)

Microphone/Speakers

Stage

Television or Monitor

Whiteboard(s)

Overhead Projector

DVD Player, VCR

Conferencing (Video/Audio)

Requester: (Signature)

Approved: (Signature)

Dean of Student & Community Engagement