

Internal Event Request

For questions or to set up pre-event meeting, contact Lynette Johnson at ljohnson@smumn.edu

Contact Information:	
Name	Phone number
Email	
Event Details:	
Name of event	Preferred date(s)
Is this date flexible? Please I	list other dates if preferred date is unavailable
Estimated number of attendees	Time frame of event (ex. 7 a.m. – 10 a.m.) please include setup and clean-up time
Who do you want to attend? (select all that app	
What type of event do you want to hold? guest speaker/lecture award ceremony banquet/reception conference/summit other:	

Preferred location (ex. Toner Lounge, AH 200), List all requested rooms



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Event Needs:		
Will you have catering at your event * Please note: Once your event is convour catering order. Tablecloths for through Chartwells with your order.	confirmed, you will need r round tables and linens	to contact Chartwells directly to place
Technology needs: Microphone	_ Other	Screen/Projector Sound System
Set up needs (Please Indicate Num If you are unsure of a quantity to re will confirm with you how many ar	equest, please mark the	category with an X and event services
8ft Banquet Table(Round Table(s) Chairs Podium		 Bistro Table(s) Spandex Tablecloths (no food/drinks) Easel(s) Large Trash Can(s)
Do you need support at your event	t from Event Services sta	iff?
What sort of assistance would you	like from Event Services	staff?
Please explain how you would like (ex. Podium up front by projector with	•	yle)
Are there opportunities to partner	· with Marketing and Cor	mmunication related to this event?*
* Please note that any content beir MarComm prior to release.	ng distributed externally	always needs to be proofed by