

MEDICAL ACADEMIC CENTER

Event Request Form

Today's Date	
Applicant: <i>(Company/Institution)</i>	
Requestor Name:	
Requestor Address:	
Requestor Email:	
Requestor Phone:	

Event Information

Event Date (1 st Choice):	
Event Date (2 nd Choice):	
Duration of Event and Time Frame:	
Hours/Days needed for set up (Additional fees may be applied depending on timeframe)	
Description of Event:	
Estimated # of attendees: include participants, faculty and business associates	

Facility Needs

Please check all that apply:			
Auditorium	<input type="checkbox"/>	Board Room	<input type="checkbox"/>
Conference Room	<input type="checkbox"/>	Bio-skills Lab	<input type="checkbox"/>
Catering	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Refreshments/Snacks <input type="checkbox"/> Other; please specify:	

