


Event Scheduling Form



EVENT INFORMATION	Date submitted _____ (must be submitted one(1) month in advance)
	Contact Person _____ Phone _____
	Dept/Organization _____ Estimated # of people _____
	Date of Activity _____ (one date per form)
	Location Preference: <input type="checkbox"/> Room 401 <input type="checkbox"/> Courtyard <input type="checkbox"/> Traditional Classroom <input type="checkbox"/> Computer Classroom
	Time Start _____ End _____
	Description of activity <input type="checkbox"/> Seminar <input type="checkbox"/> Presentation <input type="checkbox"/> Meeting <input type="checkbox"/> Other _____

MEDIA REQUEST	<input type="checkbox"/> CD PLAYER	<input type="checkbox"/> EASEL (2 MAX) 22.5 x 34	GRAPHICS REQUEST **
	<input type="checkbox"/> DVD PLAYER	<input type="checkbox"/> POSTER BOARD 24 x 30	
	<input type="checkbox"/> DOCUMENT CAMERA	<input type="checkbox"/> CUBE POSTER (IN FRONT OF SECURITY)	
	<input type="checkbox"/> OVERHEAD PROJECTOR	<input type="checkbox"/> BANNER	
	<input type="checkbox"/> TV MONITOR	<input type="checkbox"/> CUSTOM POSTER SIZE	
	<input type="checkbox"/> BOOM BOX	<input type="checkbox"/> FLYERS _____ QUANTITY	
	<input type="checkbox"/> TV/VCR COMBO		
	<input type="checkbox"/> SLIDE PROJECTOR		
	<input type="checkbox"/> COMPUTER		
	<input type="checkbox"/> MICROPHONES IF SO HOW MANY ? _____		
	<input type="checkbox"/> DIGITAL CAMERA		

**** PLEASE PROVIDE A HARD COPY OF YOUR FLYER OR
E-MAIL AN ELECTRONIC VERSION TO: ISTUDENTLIFE@MDC.EDU**

CAMPUS SERVICES	<input type="checkbox"/> Tables (Number) _____ Round	ROOM SETUP (PLEASE DESCRIBE): _____ _____ _____ _____ _____
	Tables (Number) _____ Long	
	<input type="checkbox"/> Chairs (Number) _____	
	<input type="checkbox"/> Other Materials:	

HOSPITALITY	FOOD ITEMS NEEDED AND QUANTITY (PLEASE INDICATE PREFERRED VENDOR, IF NEEDED):

MATERIALS	PLEASE LIST MATERIALS NEEDED FOR EVENT :	DATE NEEDED:

Submitted by: _____ Phone Number or E-mail: _____

Advisor Signature: _____

THANK YOU!

FOR STUDENT LIFE OFFICE USE ONLY:	
_____ EVENT INFORMATION	_____ CAMPUS SERVICES
_____ MEDIA REQUEST	_____ HOSPILAITY
_____ GRAPHICS REQUEST	_____ MATERIALS
** DATE/INITIAL	