University Events Request for Services

Submit to   v] •   : v in] the PUniversityEventsOffice(threeweeks prioto event)
230 John Sutton Hadlr   i v v] v P ›] µ %o X questionsall 724-357-3821

Event: _____

Date: _____   Time: _____   # of Guests: _____

Location: _____

Purpose_____

Type of Event (see attachment) _____

Department: _____

Contact Person:_____

Telephone: _____

Divisional Vice President: _____

....

Cost Center to be used for event:_____

Request for Presidential Funding Support

Amount Requested:_____   Amount Approved:_____

Approved with the following conditions:_____

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For internal use only the Office of University Events will be responsible for:

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- [ ] Room Reservations
- [ ] W Œ •] vš[• Z u ŒI •
- [ ] Technical Request for Guest List
- [ ] Invitations
- [ ] AV Needs(Complete AV RequestForm)

- [ ] Event Setup
- [ ] Menu
- [ ] Centerpieces
- [ ] Program
- [ ] Other

- [ ] Photographer/Publicity
- [ ] Musicians
- [ ] Name Tags
- [ ] Place Cards
- [ ] Reserved Parking/Security