

Events Request Form

***For events or meetings organized/conducted by MU students, employees, departments, schools, colleges or student organizations, email completed forms to*** [***confcent@marymount.edu***](mailto:confcent@marymount.edu)

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| Marymount Contact Name: | Contact Marymount ID # (if applicable): |
| Contact Phone: | Contact Email: |
| Event Title: | Event Purpose: |
| Event Date(s): | Event Start Time and End Time: |
| Estimated Number of Attendees (Internal): | Estimated Number of Attendees (External): *Requires written VP prior approval. N/A* |
| Space Requested (First Choice): | Space Requested (Second Choice): |
| Catering/Food Service Requests (requires Budget Code below): | |
| Event Set Up Details:  No details. | |
| Audio/Visual Needs (may result in additional charges): An Audio/Visual Technician can be present during your event for an additional charge. | |
| Parking Needs (may result in additional charges): | |
| Security Needs (may result in additional charges): | |
| Other Special Arrangements: | |
| Budget Code: | |
| **Events including one or more participants external to MU require VP written pre-approval.**  **FORMS SUBMITTED LESS THAN TWO WEEKS PRIOR TO DATE REQUESTED MAY NOT BE APPROVED.** | |