

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***

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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.** |