

EVENT REQUEST FORM

Event Name: _____

Event Date: _____ Event Time: _____

Director's Name: _____

Chartfield: _____

Estimated number of attendees:

1. How would you categorize this event?

- | | | |
|---------------|------------------------------------------|------------------------------------------|
| Alumni Event | <input type="checkbox"/> Lunch/Dinner | <input type="checkbox"/> Awards Ceremony |
| Student Event | <input type="checkbox"/> Event | <input type="checkbox"/> Meeting / |
| Reunion | <input type="checkbox"/> Faculty Speaker | <input type="checkbox"/> Symposium |
| Reception | <input type="checkbox"/> Event | |

2. Who is the audience? (Check all that apply):

- | | |
|---------------------------------|-----------------------------------------------|
| Alumni & Friends of the College | <input type="checkbox"/> Parents and Families |
| Faculty | <input type="checkbox"/> Targeted Alumni |
| Students | |
| Staff | |

3. What type of communication mediums are required? (Check all that apply):

- | | |
|-------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Print Invitation | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Email Invitation | <input type="checkbox"/> Website |

4. On a scale of 1 – 5, what is the visibility of this event and how closely does it match to a critical mission area for the College of Pharmacy?

Highest Level

Medium Level

Low Level

1

2

3

4

5

5. Do you have an event budget established or would you like assistance developing a budget?

6. Event Logistics - please check which of the following items you will need for your event:

Photographer

Audio Visual

Videographer

RSVP Tool

7. Does this event require the assistance from the development team? Yes No

8. Please give a brief description of the objective of your program/event.

FOR OFFICE USE ONLY

Event Support Available

Event Support Unavailable

Event Support Level:

Full Management

Partial Management

Event Consultant

Comments:

Dean's Signature: _____

Director of Event Signature: _____