

# Event Registration & Facilities Request



Event Management Office – Francis Hall  
Suzanne.miller@alvernia.edu 610.796.8210

## General Information

Events may require maintenance, housekeeping and/or public safety personnel.  
Requests should be received no later than 10 working days prior to event.

Final counts, and equipment needs, must be communicated within 72 hours of the start of the event.

Sponsoring Department/Organization: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Dept Code/AF#: \_\_\_\_\_

Person Responsible: \_\_\_\_\_ Phone #: \_\_\_\_\_

Event Title: \_\_\_\_\_ Type:  Meeting  Speaker/Performer  Meal  Other

Will this be a reoccurring event for the same Day & Time?  No  Yes →  Weekly  Bi-Weekly  Monthly  
→ Date Begin: \_\_\_\_\_ End: \_\_\_\_\_

Day of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Event Begins: \_\_\_\_\_  AM  PM Event Ends: \_\_\_\_\_  AM  PM

Will there be food served at this event?  Yes  No Anticipated Attendance #: \_\_\_\_\_

(Sponsor is responsible for contacting Dining Services for their catering needs. Sponsor and/or Aladdin are responsible for clean up of meeting-related items such as: extra handouts, foodstuffs, etc. Trash receptacles are available in each meeting room and recycle bins are located campus-wide.)

## Space Requested:

1<sup>st</sup> Choice: Building \_\_\_\_\_ Room \_\_\_\_\_

2<sup>nd</sup> Choice: Building \_\_\_\_\_ Room \_\_\_\_\_

## Set-Up & Equipment Requested:

Podium:  Table Top  Standing  Standing with sound

Microphone (s): # \_\_\_\_\_ Other Sound: \_\_\_\_\_

Table(s): 6 foot Rectangles # \_\_\_\_\_ 5 foot Round # \_\_\_\_\_

DVD/VCR  LCD Projector  Laptop  Screen  Easel

Overhead Projector  Flipchart/Newsprint  Extra Trashcans

Set-Up Options:

- Existing Set up
- Tables, Classroom Style
- Tables, Horseshoe
- Tables, Square/rectangle
- Chairs Only, Oval
- Chairs Only, Theater Style

Other: \_\_\_\_\_

Office Use

EM Tracking# \_\_\_\_\_

Facility Available:  Yes  No

Set-Up Feasible:  Yes  No

Public Safety  Yes  No

EM Approval:  
Cost: \$ \_\_\_\_\_

Confirmation Date: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Facility Assigned: \_\_\_\_\_

Work Order #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Equipment Assigned: \_\_\_\_\_ Set Up Assigned: \_\_\_\_\_

Date: \_\_\_\_\_ Time Completed: \_\_\_\_\_

Total Labor Time: \_\_\_\_\_ hrs

Material Charges: \$ \_\_\_\_\_

Total Charges: \$ \_\_\_\_\_ FACO Approval: \_\_\_\_\_

Special Issues: \_\_\_\_\_