

CONFERENCE AND EVENT SERVICES ROOM/EVENT REQUEST FORM

Date of Event Requesting :

of Attendees:

Alternate Dates:

Screen/Projector:

Event Purpose:

Pre-Event Time:

Dept. /Student Org /Host:

Event Start Time:

Requested By:

Event End Time:

Email:

Post Event Time, Cleanup:

Phone

Room Request:

Title of Event:

Alternate Room Requested:

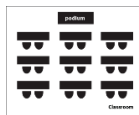
Food: (Must be catered by Sodexo only)

Alcohol (will require security detail)

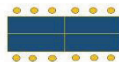
SET UP TYPE (Please only select one)



Auditorium



Classroom



Closed Conference



U-Shape



Rounds



Sales/Solicitation Table
(Dede Plaza Fountain)

EVENT TYPE (Please only select one)

EQUIPMENT NEEDED (Please check all that apply)

Stage: # Easels: Podium: #Tables for catering:

Check -in table, two chairs: # Flexwall: Runway: #Microphone: #Cocktail Tables:

FURTHER INSTRUCTIONS /NOTES

Submit request to Pamela.chamberlain@indstate.edu

Pam Chamberlain: Events Specialist- Conference and Event Services Phone: (812) 237-3817 / Fax (812) 237-4251

Office Use Only		
Date & Time of Request	Taken by:	Special Events Form:
Security:	Alcohol:	Facilities Request:
Sodexo Waiver:	Outside Table:	ROOM #:
Dede Plaza/Fountain:	Event Planning Meeting Required:	