Requestor's name:

Requestor's e-mail:



## **EAST LIVERPOOL**

## **ROOM REQUEST**

MOOIN MEQUEST			
Seven (7) working days lead-time is REQUIRED for your room request.			
Purinton	n Hall		
Mary Pat	tterson		
Locke House			
D = = (=)	N. Pransista de		
Room (s) Requested:		Date (s) Needed:	
Purpose	::	Time Needed: From:	To:
•		Time Needed. From.	10.
Anticipated Attendance ?			
Will you need any of the following?			
Po	odium		
M	licrophone		
6'	Tables How many?		
Ch	hairs How many?		
Please detail any audio/visual equipment needed.			
Any special request for Computer/Phone connectivity must be coordinated with Clayton Gellatly (74217) or			
	Jordan Steele (77441)		, ,
Please detail any special room setup instructions.			
	*** I acknowledge that after hour events (evening/weeker	ds) may incur a security/maintena	ince fee***

Date:

## **EVENT DETAILS**

Should the event require campus resources, budget approval for new campus funded events is needed to ensure available funding.

Name of Event
Who is the contact person in charge of event?
Contact e-mail and phone number

\*\*\*Please contact Kris Watson for availability of the Dean for your event.

kbalsley@kent.edu or 77416

\*\*\* For catered events of any type, please contact Melissa Cope for more information

mcope3@kent.edu or 74206

Will you need photos taken or a press release for this event?

If yes, contact Tina Smith

tsmit170@kent.edu or 77430

Please provide event details: