Event Set-up Request Form

Event: __________________________ Event Date: __________________

Location: ______________________ Event Start Time: _______________

Event has been approved by Anne Weston and placed on the master calendar: ______

Time set-up can begin: ______________ Time set-up must be complete: __________

Time post-event clean-up can begin: __________________________________________

Description of services and equipment required: ______________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Please draw a diagram of the required set-up. Show the orientation within the room.

Request Submitted by: ____________________________ Today's Date: _________

To submit: scan and e-mail to Robbi Garvin (garvinr@oes.edu) or place in her box.

PLEASE SUBMIT REQUEST AT LEAST 2 WEEKS BEFORE THE EVENT!!