Event Questionnaire

Please answer all questions on this form to the best of your ability. If something does not apply to your event, please write N/A or No.

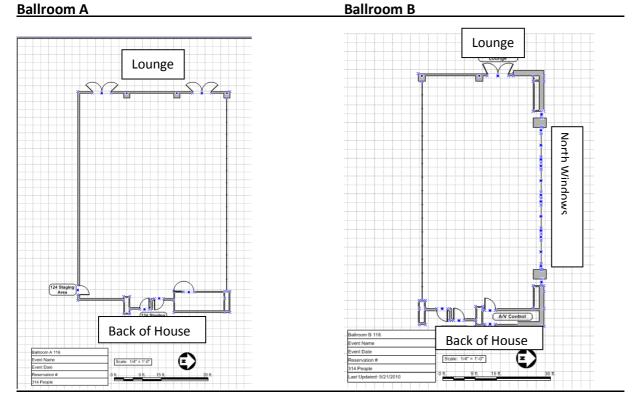
When completed: scan and email, intercampus mail, or fax to Elizabeth Hanson-Delgado

Email: <u>Hansone@uwp.edu</u> Fax: 262-595-2469 Office: PSC L209

Contact Na	me:		Email:				
Phone (ext	Phone (ext):			Department:			
Funding:				Event Title: Date:			
Event Star	Event Start Time: □AM □PM		Event End Time:	□АМ □РМ			
Will you ne time? □Y	eed set up or te □N	ear down	If" Yes" please ind event time:	_		·	
				ns BEFORE &		Mins AFTER	
Location(s) Reques	sted:						
□Atrium	rium □The Den □Brick:		one Grill & Eatery	□Cinema		☐ Other	
□Ballroom (<i>Full</i>)			•	☐Main Place			
□Ballroom (<i>A</i>)				(Upper- Lower – Mid)			
\square Ballroom (B) \square Poplar \square		□Lounge	9	□Spruce		□Other	
		(Heritage	e, University, Both				
Projected Participa	ant Count:		Breakout Count (if applicable)				
			E WALLS? □ YES	□ NO	ach any Itinerar		
****TAPIN	G ITEMS TO AN	IY OF THE W	ALLS IN THE STUDE	NT CENTER IS PRO	HIBITED. PI	EASE SPEAK TO	
DENNIS CAS	EY, OR ELIZABE	TH HANSON	N-DELGADO FOR AI	PPROVED WALL M	OUNTING TA	ABS. ****	
Will you require ar	ny of the follow	ving?					
vviii you require ai	iy or the rollov	viiig:					
□Registrat	☐Registration table(s) (#) ☐Mi ☐Extra chairs (#) ☐Sig			□Stage	□Coat	: Rack/Check	
□Extra cha				□Flags	☐ Wal	l Mounts	
\square Laptop(s)	\Box Laptop(s) \Box Foo		Food/Meals	☐Tech Suppo	rt □Ease	ls	
□Projector	□Projector □		Flip Charts(\$20)	□Lectern			
	Il you be serving meal(s)? Time:						
Y N			Space(s):			
Will you be provid	ing a chacka	Time	Itoms				
wiii you be provid Y N	ilig a SildCK!	nme:	Items:				
T IN			Space(s):			
Will you need a be	verage station	? Time:	Items: _				
-	Coffee, water, etc.)):			
/ NI			Jpacc(3	·			

If using the Ballroom please draw where you'd like tables/stages placed (this is not meant to be exact)

D.H. . . . A



Full Ballroom

