

Student Union & Event Services Intake Form

General Information

Event Date: _____ Event ID #: _____

Today's Date: _____ Time: _____

Caller's Name: _____

Banner FOP: _____

Client/Organization: _____

Client Address: _____

City, State, Zip _____

Phone: _____ Fax: _____ Email: _____

Meeting Info. Category: **STUDENT** **UNIVERSITY** **COMMUNITY**

Event Name: _____ #Attending: _____

Event Date(s): _____ Alt Date(s): _____

Event Date Notes: _____

Event Start Time: _____ End Time(s): _____

Set-Up Requested: **CONF** **THEATER** **CLASSROOM** **U-SHAPE** **BANQUET** **RECEPTION** **AS IS** **OTHER**

Room Requested/Assigned: _____

Event Setup Note: _____

Registrar Requested On: _____ AdAstra Confirmation # _____

Service(s) Coordination Information

Audio/Visual(CT&L): Will have A/V? **YES** **NO** Rental Fees _____

Will Client make own arrangements? **YES** **NO w/ Admin Fee**

A/V Memo: _____

Food/Beverages: Will have Catering? **YES** **NO**

Will Client make own arrangements? **YES** **NO w/ Admin Fee**

Catering Memo: _____

Room Rental: _____ Insurance Needed: **YES** **NO**

Contract/Dep Due: _____ Sponsorship Form: **YES** **NO**

Deposit Amount: _____ Admin Fee Total: _____

Parking Services: Need Spaces? **YES** **NO** # of Spaces? _____ Lot # _____

Other Services: _____

SUES Staff Information:

Form Completed By: _____ Data Entered in SP: **YES** **NO**

Event Planner Assigned: _____ By: _____

Confirmation Sent By: _____ Date: _____ Date: _____

Card/File_____ Confirmation_____ Contract_____(Mail/Fax/Email) Final Letter_____

Event Cancelled By/Date: _____ Table Approved By: _____