

# EVENT SERVICES ESSENTIALS

Event Planner Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Name of Event** (For Signage): \_\_\_\_\_

**Event Type** (meeting, ACES, etc.): \_\_\_\_\_

**Date:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_

**End Time:** \_\_\_\_\_

**Estimated Number of People Attending:** \_\_\_\_\_

**Location Requested or Preferred:** \_\_\_\_\_

**Setup** (Classroom style, Theater style, U-shape, Board style, etc. Please provide a map if it includes many details.):

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**Tech Requested** (Please contact the Manager of Event Technology as well 2 weeks prior to your event.):

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**Equipment Requested:**

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**Food & Beverage Order** (Includes refreshments and/or meals and times for delivery. Order 2 weeks prior to your event and provide meal guarantee 3 business days prior to your event.):

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**Account Number for Invoicing:** \_\_\_\_\_

*Please return this completed form to the BVU Forum Office.*