



EVENT REQUEST FORM

CHAPTER INFORMATION

Chapter Name: _____

Chapter Address: _____

INSTRUCTOR INFORMATION

Instructor Name: _____

Instructor Phone #: _____

Instructor Email: _____

COURSE EVENT INFORMATION

Course Title: _____

Desired Venue: _____

Backup Venue 1: _____ Backup Venue 2: _____ Backup Venue 3: _____

Desired Dates & Times:
(Please list in order of preference)

1. Date: _____ 2. Date: _____ 3. Date: _____ 4. Date: _____ 5. Date: _____ 6. Date: _____

Time: _____ Time: _____ Time: _____ Time: _____ Time: _____ Time: _____

I would like to book a total of _____ dates at this venue.

Any additional dates are assumed to be backup dates if the first _____ are not available.

Comments:

COURSE EVENT INFORMATION

Course Title: _____

Desired Venue: _____

Backup Venue 1: _____ Backup Venue 2: _____ Backup Venue 3: _____

Desired Dates & Times:
(Please list in order of preference)

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Comments:

COURSE EVENT INFORMATION

Course Title: _____

Desired Venue: _____

Backup Venue 1: _____ Backup Venue 2: _____ Backup Venue 3: _____

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(Please list in order of preference)

1. Date: _____ 2. Date: _____ 3. Date: _____ 4. Date: _____ 5. Date: _____ 6. Date: _____

Time: _____ Time: _____ Time: _____ Time: _____ Time: _____ Time: _____

I would like to book a total of _____ dates at this venue.

Any additional dates are assumed to be backup dates if the first _____ are not available.

Comments:

ADDITIONAL EVENT INFORMATION

Please check equipment that you would like venues to provide for you, if available (this can sometimes be an extra expense for you, the CP)

- Screen
- Projector
- Laptop or Desktop
- Podium
- Registration Table

Special Requests:

Additional Comments: