

The Calumet Conference Center

EVENT REQUEST FORM

GENERAL INFO:			
Event Date(s):			
Sponsoring Organization/Company:			
Mailing Address:			
e-Mail Address:			
Event Title:			
Type of Event:	<input type="checkbox"/> Meeting <input type="checkbox"/> Training <input type="checkbox"/> Seminar <input type="checkbox"/> Conference <input type="checkbox"/> Civic <input type="checkbox"/> Retreat <input type="checkbox"/> Board Meeting <input type="checkbox"/> Social <input type="checkbox"/> Fundraiser <input type="checkbox"/> Banquet <input type="checkbox"/> Lab <input type="checkbox"/> Univ. Class <input type="checkbox"/> Small Trade Show <input type="checkbox"/> Video Teleconference <input type="checkbox"/> Teleconference <input type="checkbox"/> Satellite Downlink <input type="checkbox"/> Other		
Purpose of Event:			
Booking Contact:	Name:	Phone:	Fax:
On-Site Contact:	Name:	Phone:	Fax:
Facilitator/Presenter:	Name:	Phone:	Fax:
Billing Contact:	Name:	Phone:	Fax:
Billing Address:			
Requested Location:	<input type="checkbox"/> Conference Room <input type="checkbox"/> Meeting Room <input type="checkbox"/> Tiered Room <input type="checkbox"/> Ballroom Room		
Room(s) Requested:			
Event Start Time:			
Time Access to Room Requested:			
Break Time(s):	AM	PM	
Event End Time:			
Number of Attendees:			
Will the Majority of Attendees be PUC Faculty or Staff:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will any of the following be in Attendance:	PUC Students	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Chancellor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vice Chancellor	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ROOM SET UP INFO:

<input type="checkbox"/> Banquet (8 per table) <input type="checkbox"/> Classroom (2 per table) <input type="checkbox"/> Conference Vendor Tables: # of ____ (2 chairs per table) Display Tables: # of ____ Presenter Tables: # of ____ Award Tables: # of ____ Desktop Podium: # of ____ Head Table: # of people ____ Other: _____	<input type="checkbox"/> U-Shape <input type="checkbox"/> Theater Style (chairs only, no tables) <input type="checkbox"/> Other: _____ Standing Podium: <input type="checkbox"/> Yes <input type="checkbox"/> No Gift Tables (rectangle): # of ____ Cake Table (round): <input type="checkbox"/> Yes <input type="checkbox"/> No Stage/Risers: <input type="checkbox"/> Yes <input type="checkbox"/> No Dance Floor: <input type="checkbox"/> Yes <input type="checkbox"/> No (Center only) Registration Table: # of ____
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AUDIO VISUAL INFO: (If your event is on campus, please contact AV to schedule equipment)

- | | |
|--|--|
| <input type="checkbox"/> Whiteboards -- # needed: _____ | <input type="checkbox"/> Flipcharts # of _____ |
| <input type="checkbox"/> Multi-Media Cart (pc, VCR, cd-rom, DLP projector, Speaker, DVD) | <input type="checkbox"/> Easels # of _____ |
| <input type="checkbox"/> Internet Access | <input type="checkbox"/> TV/VCR |
| <input type="checkbox"/> Network Access | <input type="checkbox"/> Overhead Projector |
| <input type="checkbox"/> Lapel Microphone | <input type="checkbox"/> Laptop Computer(s) # _____ |
| <input type="checkbox"/> Background Music | Available at an additional fee |
| <input type="checkbox"/> Microphone on podium | <input type="checkbox"/> Slide Projector |
| <input type="checkbox"/> Portable Screen | <input type="checkbox"/> Conference Call Speaker Phone |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Cordless Handheld Microphone |
| | <input type="checkbox"/> On-Site AV Tech |

ADDITIONAL SERVICES:

- | | |
|--|---|
| <input type="checkbox"/> Alcohol Service | <input type="checkbox"/> Linen and China |
| <input type="checkbox"/> Centerpieces (fresh flowers etc.) | <input type="checkbox"/> Champagne Fountain |
| <input type="checkbox"/> Specialty Linens | <input type="checkbox"/> Special Signage |
| <input type="checkbox"/> Table Numbers | <input type="checkbox"/> Registration Desk |
| <input type="checkbox"/> 173 rd Sign _____ | <input type="checkbox"/> Other: _____ |

PAYMENT METHOD:

- University Account Number: _____
- Cash Certified Check
- Personal Check (must be received at least 14 days prior to event date)
- Purchase Order Number _____
- Visa MasterCard Discover

FOOD SERVICE INFORMATION:

<p>BREAKFAST</p> <p>Serving Time _____</p> <p>Ending Time _____</p>	<p>AM BREAK</p> <p>Serving Time _____</p> <p>Ending Time _____</p>
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<p>LUNCH</p> <p>Serving Time _____</p> <p>Ending Time _____</p> <p>If ordering boxed lunches, please complete and attach box lunch order form.</p>	<p>PM BREAK</p> <p>Serving Time _____</p> <p>Ending Time _____</p>
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<p>APPETIZERS</p> <p>Serving Time _____</p> <p>Ending Time _____</p>	<p>DINNER/DESSERT</p> <p>Serving Time _____</p> <p>Ending Time _____</p>
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Please complete and submit to The Calumet Conference Center via fax 219-989-3220 or via email to center@calumet.purdue.edu