University Events Request Form

Instructions: Please complete this form in its entirety. Email the completed form to events@nsu.edu. If you have any questions regarding this form, please contact Cassandra R. Krah, Assistant Director for University by phone, (757) 823-2987 or via email, crkrah@nsu.edu.

Requesting Department/Individual: ________________________________________________________________

Name of Contact Person: ________________________________________________________________

Phone Number: ___________________________ Email Address: ________________________________

Event Date: ___________________________ Time: ___________________________

Desired Location of Event: ________________________________________________________________

Note: If you are planning to host the event at the L. Douglas Wilder Performing Arts Center, please contact Rhonda Britt by phone, (757) 823-2061 or via email, rabritt@nsu.edu.

Has the location been confirmed: __________ Yes ___________ No

Requested Room Setup:

_____ Classroom (tables and chairs only) 

_____ Round Tables

_____ Theater-style (chairs only)

_____ Rectangle Tables

_____ U-shape Tables

_____ Hollow Square

_____ Room as-is

Other: __________________

Event Type:

_____ Meeting

_____ Reception

_____ Luncheon/Banquet

_____ Lecture/Seminar/Forum

_____ Speaker Panel

Other: __________________

Event Description: ________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________
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Estimated number of guests/participants: __________

Audio Visual Equipment Request:

____ Laptop
____ Microphone(s) How many? ______
____ Projector
____ Speakers/Sound
____ None

Other: _________________________________

Are there any catering needs? ______ Yes ______ No

Click here to contact Thompson Hospitality for the menu and a quote.

Décor Needs: Please indicate whether or not you require any of the following items. The Office of University Events will work to accommodate your needs. Due to limited supplies, not all requests can be met.

____ NSU Logo Placard (to attach to the podium)
____ Table linens with NSU Logo (for 6 - 8’ rectangular tables) How many? ______
____ NSU Retractable Display (tradeshow display)
____ Large Ceremonial Scissors (for ribbon cutting)
____ Eases
____ None

Other: ____________________________________________

Will there be coat check service? ______ Yes ______ No

_____________________________________

REQUEST FOR UNIVERSITY PRESIDENT

Is the University President requested to attend this event? ______ Yes ______ No

Is the President being requested to speak? ______ Yes ______ No

If yes, what topic(s) is/are the President being asked to address? ____________________________

_____________________________________

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If not, in what capacity is she expected to participate? ______________________________________

____________________________________________________________________________________

Has the request been submitted to the President’s Office? _____ Yes _____ No

Has the event been confirmed on the President’s calendar: _____ Yes _____ No _____ Unsure

What is the attire for this event?

_______ Professional    ______ Business Casual    ______ Formal    Other: _______________________

Is there a theme for this event? _____ Yes _____ No

If yes, please describe: __________________________________________________________________

Please provide a brief description of the event. Indicate if it is the inaugural, annual, etc. ___________

____________________________________________________________________________________

____________________________________________________________________________________

Are any legislators, government officials, or dignitaries attending this event? _____ Yes _____ No

If yes, please provide the name(s) of the legislator(s), government official(s), or dignitaries attending:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What is the name of the person who will meet the President at the event? ______________________

Please provide a phone number for the person meeting the President: __________________________

Please provide an email address for the person meeting the President: __________________________

Note: Please submit an official copy of the program/agenda to the President’s Office at least two weeks
prior to the event.

If this is an external organization, company, university, or individual, have you contacted Conference
Services regarding this event? _____ Yes _____ No