Villanova Law School

Events Form

Return completed form to:

Nicole Garafano, Director of Events

Room 309

EVENT INFORMATION:		
Event Date:		Date of Request:
Event Name:		Phone Number:
Contact Name:		Email:
Event Location:		
Event Start: AM	/PM	End:AM/PM
Reserved:AN	I/PM	End:AM/PM
Anticipated Number of Attende	ees:	Number of Speakers:
Names of Speakers:		
PLANNING:		
O Location deter O Dean's briefing CATERING SERVICES	-	loom Reservation made icable)
Food Yes	No	
SBA Budget \$		_
 O Reception O Light hors d'oeuvres O Heavy hors d'oeuvres O Cookies O Dinnerbuffet O Beverages only 		Plated
Table Linens	Yes	No
Biodegradable Tableware	Yes	No
Alcohol Approval form require	d if alcoh	nol is being served
O Submitted O Approved		

FACILITIES/ROOM SET-UP Tables: ___# Needed ____ Registration ___Head Table ____Display ___Food ____Beverage Chairs: ____# Needed ___Registration ____Display ____ General Seating Trashcans: Yes No # of Trashcans ____ Coat Rack Yes No Whiteboard Yes No Easel Yes No Flip Chart Yes No Notes Diagram of Layout: **AUDIO VISUAL/MEDIA** O Podium (with Microphone) O Laptop Wireless Lapel Microphone **Conference Phone Table Lectern** TV/VCR Microphone w/ Stand

Screen

Slide/Overhead Projector