

Please fill out this request form and follow the procedure, routing and signature.

Date of request:	
Name of Faculty Contact:	Extension:
Email address:	Department:
If the faculty member listed above is not the contact for t	his event, please list contact:
Name of the Event/ Presenter:	
Proposed Date & Time of Requested Event:	
Number of Attendees: Who is the event oper	n to?
Is this open to the public? Yes No	
Is there a charge to attend? Yes	_ No
If Yes, please list charges:	<u> </u>
Is an outside group involved with this event? Yes	sNo
Does this group carry their own liability insurance if requ	ested by RWU?YesNo
Purpose of Event: (please describe the nature of the event)	
Proposed location for Event: (Lecture hall, classroom, me	peting room dining area other)
Troposed location for Event. (Eecture half, classroom, me	cerng room, diming area, other)
Catering needed: (breakfast, lunch, dinner, breaks, snacks	s)
A/V request:	
Will a campus department incur costs for this event?	YesNo
To whom will this be billed? G/L #	# to charge:
Approval of Dean	
Approval of Provost::	

Upon approval, please forward to Conferences for possible booking and follow procedures to reserve space by the online request form.