

You are receiving this form because you are requesting to host an external speaker, performer or artist. Please fill out the form completely and return it to the authorized approver of your organization/department.

Date of Request (Today's Date)			
Event Details			
Event Title		25Live *if ava	e Ref. # ailable
Primary Date(s) Requested		Alternate Date(s) Requested	
Event Start Time		Event End Time	
Preferred Location		Alternate Location	
Number of attendees			
Will this event occur in a series?	○ NO ○ YES:	Is it directly connected to another event on campus?	O no O yes
Will there be a charge for those attending the event?	O NO O YES		
Is it open to the public?	NO YES:	If yes, what portion of your guests will be external?	Less than 50%Greater than 50%
Will there be advertisements or communications publicizing the event?	O NO O YES		
Contact Information			
Sponsoring Org./Dept.		Co-Sponsoring Org./Dept.	
Primary Planning Contact:			
Email		Phone	

Proposed External Speaker, Performer or Artist

Name	
Organization Associations	
Provide a brief description of the content of your event involving external speaker, performer, or artist:	
Description of Speaker/Bio	

Copy of Speaker's C/V or Resume:

Approval:

×	_(Signature)	_ (Print Name)
Email:	Phone:	