CENTER FOR CENTERS

Event/Project Support

Top of Form

|  |  |
| --- | --- |
| Department/Group Name: |  |
| Contact Name: |  |
| E-mail: |   | Phone: |  |
| Title of Event: |  |
| Event Description (for calendar posting): |
|    |
| Event Date(s): |  | Event Time(s): |  |
| Expected Attendance: |  |
| Event Management Support Needs: |
| [ ]  | Lecture Room Booking | [ ]  | Speaker Travel/Hotel |
| [ ]  | Catering | [ ]  | Audio Visual/ Photography/ Video |
| [ ]  | Other: |  |
| Web or Communications Support Needs: |
| [ ]  | Flyer Design, Production, and Posting | [ ]  | Calendar and Publication Postings |
| [ ]  | Poster Design, Production, and Posting | [ ]  | Conference/Project Web Page |
| [ ]  | Other: |  |
| ILA Support Amount: | $ |
| Other Funding Sources (if applicable): |
| Funding Source 1: |  | Amount: | $ |
| Funding Source 2: |  | Amount: | $ |
| Funding Source 3: |  | Amount: | $ |
|  |
| Chart String (internal use only): |
| Dept. | Fund | Fund Source | Program | Function | Account |
|  |  |  |  |  |  |
|  |
|   |
| Submitted by: |  | Date: |  |
| *Submit a minimum of 30 days prior to each event.* |

Bottom of Form