



MEETING and EVENT SPACE REQUEST FORM

This form has been designed to help coordinate meetings/events. In order to best accommodate your request, please return the COMPLETED REQUEST FORM via email to ep43@queensu.ca at least 4 weeks prior to the date of the meeting/event or as soon as you can. Please note that if we do not have the necessary lead time, we may not be able to organize your meeting the way you want it.

For any questions, comments and concerns please contact Elizabeth Polnicky at 613-533-2151

CONTACT INFORMATION

<i>Full name:</i>	
<i>Group/Department:</i>	
<i>Queen's email address:</i>	
<i>Phone (business):</i>	<i>Phone (mobile):</i>

EXISTING CORRESPONDENCE

With whom have you been in communication about this meeting/event thus far?

<i>Can finalized details of this meeting/event be shared with others for the purpose of advertising (website, Voices, Digest, email, etc.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If yes, please provide instructions

GENERAL MEETING /EVENT INFORMATION

<i>Name of meeting/event:</i>	
<i>Purpose of Event:</i>	
<i>Meeting/Event Date(s):</i>	
<i>Meeting/Event Start Time:</i>	<i>Meeting/Event End Time:</i>
<i>Video Conference</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If yes, please provide conference Call # and PIN details</i>	
<i>Is this a re-occurring meeting/event:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If yes, please enter an end date</i>	
<i>Meeting/Event Location (Building/Room requested):</i>	
<i>Do you have special accessibility needs?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If yes, please specify</i>	

<i>Expected Number of Attendees:</i>	
<i>RSVP required:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Who is organizing the RSVP list?</i>	

<u>BUDGET INFORMATION</u>	
<i>Do you have budgetary approval for the meeting?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If yes, Source of Approval and any honoraria</i>	
<i>What is the budget for the meeting including space, equipment and refreshments?</i>	
<i>Will honoraria be paid in addition to amounts budgeted above</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If you answered yes, please contact Rhonda Clark-George with details (qufa2@queensu.ca; ext. 36367)</i>	
<u>SETUP & CLEANUP</u>	
<i>Who will be responsible for setup & cleanup?</i>	
<i>Please provide description of setup and cleanup plan:</i>	
<u>FOOD & BEVERAGE</u>	
<i>Do you require food catering services?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Will alcohol be served?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If you indicated yes, please provide description of your catering and dietary restriction needs or contact Elizabeth.</i>	
<u>EQUIPMENT</u>	
<i>Will you require a data projector and screen</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Will you require a laptop</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Will you require a sound system</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Microphone</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Podium</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Flip Chart</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>White Board</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>WiFi</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Other</i>	
<u>ADDITIONAL INFORMATION</u>	
<i>Please include any additional information, set up requirements, equipment or any other special needs that will be helpful in scheduling this meeting/event.</i>	