

Student Organization Program/Event Application



Event and/or Speaker: _____

Date Submitted: _____

Sponsoring Group: _____

Event Date(s): _____

Event Start and Stop Time(s): _____

Desirable Location(s): _____ Setup Time: _____ Take down time: _____

Contact Name if needed: _____ Ph# or Email: _____

Equipment Needed

_____ # of 6 ft. Tables

_____ # of 8 ft. Tables

_____ # of Chairs

_____ Popcorn Machine w/supplies

_____ Podium: Tabletop *or* Standing

_____ *Table Skirting:

_____ White

_____ Blue

_____ Blue w/ICC logo

_____ Cafeteria Request

Setup Time _____

Take Down Time _____

Fund 10 Acct# 10 - 0 _____ or

Acct# _____

Audio/Visual Items

_____ Overhead Projector

_____ PC cart w/MM/DVD/CD/Speakers

_____ Screen

_____ Sign Standards:

_____ # of 22x28 _____ # of 11x14

_____ Portable PA System (On Tripod Stand)

_____ Mic w/stand

or

_____ Table Top Mic

_____ Skinny Cart (TV/DVD/Flash Drive)

_____ Internet Access

_____ Other (Please specify) _____

****Did you fill out a Graphic Design form?***

Yes

No

If necessary, please use the back of this application to draw your desired setup.

Approved by: _____ Date: _____
(Organization Advisor)

Approved by: _____ Date: _____
(Manager of Student Leadership & Engagement)

Please make 1 copy for your records and return original to 303A