Request Form for Academic Conferences

Contact Information

Event Name: ____________________________________________________________

Sponsoring Organization, Department, or Professional Association: __________________________

Is the University an affiliate or member of the Professional Association? _______________________

Name of Group Event Contact: _________________________________________________

Daytime Phone: ______________________ Fax: ________________________________

Cell Phone: __________________________ E-mail: ______________________________

Relationship to HPU (faculty, staff, alumni, student, etc.): ________________________________

Preferred Dates (not to conflict with major University events)

  o  Fall Semester: ____________________________ Start Time: ____________________
  o  Spring Semester: ___________________________ End Time: ____________________

If flexible in dates, please list other options: _________________________________

Expected headcount: _______________________________________________________

Who is expected to attend: ________________________________________________

Meals

  o  No meals needed

Date of first meal: ______________ Date of last meal: ______________

Number of meals: Breakfast: ______ Lunch: ______ Dinner: ______

Number of SNACKS: ______ Number of BAGGED lunches: ______ Number of CATERED meals: ______

Additional information about your meal needs:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Facilities

Indicate the type and number of spaces REQUIRED for the proposed event. Provide details in the space provided. If you would like access to additional spaces as optional for your participants, please also list those in the details. (Please note that while every effort will be made to meet your preferences, we cannot guarantee that you will be able to use your preferred space.)

- Classrooms: ________________________________
- Conference Rooms: ________________________________
- Computer Lab: ________________________________
- Auditorium/Theater: ________________________________
- Large Meeting Space: ________________________________
- Chapel: ________________________________
- Other: ________________________________

Please provide additional information regarding your group’s space needs or requests:

_________________________________________________________________________________________

Audiovisual

- No equipment/service needed
- University Photographer Requested

- Visitor Internet login
- Data Projector (Large Events)
- Podium Microphone
- Laptop (for your use)
- Data Projector (Med. Events)
- Wireless Lapel Microphone
- Projector Screen
- Data Projector (Small Events)
- Wireless Handheld Mic.
- Event Technician present
- Presentation Remote
- DVD Player
- Other
- Lectern (ADA)
- Sound System
Other Needs and Services

Indicate other needs and services REQUIRED for the proposed event. There may be additional fees associated with the utilization of these resources. Please explain specific requests.

- Security (Opening facilities or event safety and risk management):

- Transportation/Shuttles:

- Parking Requests:

Additional Information

Please provide any additional information, particular setups, special needs, or details about your group:

Return this completed Request Form no later than 120 days before the event. Please note that spaces are first-come, first-served, so it is recommended that initial requests are submitted at least one year in advance. All requests will be reviewed by the Office of Academic Affairs prior to a final decision by the University Events Department.