**EVENT SCHEDULING FORM**

**[ ]  PRESIDENT’S CALENDAR** **[ ]  PROVOST’S CALENDAR**

**[ ]  VPFSS’S CALENDAR**

Please include information briefly describing your department/office and the event in which you would like the President, Provost or VPFSS to participate.

**EVENT NAME**:

**DATE(S) OF EVENT**:

**TIME OF EVENT:**

**HOSTING DEPARTMENT/OFFICE**:

**CONTACT PERSON:**

**\*WELCOME:** **[ ] YES** **[ ] NO**

**\*GIVE REMARKS:** **[ ] YES** **[ ] NO**

 **\*A PODIUM IS REQUIRED**

**LENGTH OF REMARKS:**

**SPEAKING TIME:**       to

**INTRODUCED BY:**  **TITLE:**

**EVENT LOCATION:**

 **Room**:

 **Address**:

 **Location Phone** **Number:**  **Location Fax** **Number:**

**Meal. If invitation includes a meal, list the seating arrangement of the head table**:

 Guest Name: Guest Title:

 **Parking Arrangements:**

 **Directions/Map Included:**

**PRIMARY CONTACT: (Person who will meet the President/Provost/Vice President at the event):**

 **Name:** **Title:**

 **Department/Office:**

 **Campus Address:**

 **Office Phone Number:** **Office Fax Number:**

 **Cell** **Phone Number:**

 **E-mail Address:**

**SECONDARY CONTACT:**

 **Name:** **Title:**

 **Office Phone Number:** **Office Fax Number:**

 **Cell Phone Number:**

 **E-mail Address:**

**ATTIRE:**

 [ ] Casual [ ] Business Casual [ ] Business [ ] Cocktail [ ] Black Tie

**AUDIENCE:**

 **Expected Size:**

**General Description:**

**Other Guest Speakers**:

 Guest Name Guest Title

**Has the President/Provost/Vice President spoken to your group before?** [ ] YES [ ] No

 **If so, when:**

**AGENDA/PROGRAM: Provide a copy of the agenda or program for the event.**

**ADDITIONAL COMMENTS/INFORMATION: Please include any additional information below (i.e., other dignitaries, information about organization/conference…) :**

**Please submit to the VPFSS Office, JCK 920.**