EVENT INFORMATION

Event Title: __________________________________________________________

Event Date(s): _______________________________________________________

Event Time: _______ am / pm _______ am / pm

**NOTE: This is the actual time of your event and does not include set-up time**

CONTACT INFORMATION

Org./Dept. Name: _______________________________________________________

Contact/N&B Name: ___________________________________________________

Contact/N&B Phone #: ________________________________________________

Onsite Contact: _______________________________________________________

Onsite Contact Phone #: ______________________________________________

If different from above

EVENT DETAILS

Included In Space: Piano, PC (or Laptop connection w/audio), LCD Projector, DVD, Sound System

Additional Equipment: Please indicate on the diagram where you would like the equipment placed

☐ Podium (max 1)  ☐ w/ Mic (max 1)  ____ 8’ Tables (max 2)

☐ Coat Rack (max 1)  ____ Easel (max 5)

____ Pad/Markers (max 5)

Notes: ______________________________________________________________

Create Your Own: Please indicate on the diagram where you would like the equipment placed

____ 8’ Tables (max 20)  ____ 4’ Round Tables (max 12)

____ Chairs (max 120)

Notes: ______________________________________________________________

Madison Union Operations Use Only:

Ref#: __________________ DATE REC: ___________ INT: ___________ BM’s Approval: ___________

Additional Customer Setup Time: START ____________ END ____________

Details For Setup (early arrival):_________________________________________