

**Conferencing Request Form
Gannon University**

Contact Information

Name: _____ Sponsor of Event: _____

Address _____

Phone: _____ Fax: _____ Email: _____ Website: _____

Event Information

Name of Event: _____ Requested Location _____

Type of Event: Annual Special Event Reoccurring Meeting

Event Date(s): Day _____ Date:(mm/dd/yy) _____

Event Setup: _____ AM / PM Event Cleanup: _____ AM / PM

Event Start: _____ AM / PM Event End: _____ AM / PM

Specific Description of Event: _____

Requested Services

Type of Facility:

Auditorium	Ballroom/Formal Setting	Classroom	Casual Dining Hall
Meeting Room	Gymnasium/Athletic Field	Computer Lab	Residence Hall

Other (Please Specify) _____

Set-up and Technology Needs:

Table	Chairs	Podium	Microphone	Projector	Screen
TV/VCR	Computer	Staging	VCR/ DVD	Sound System	

Other (Please specify) _____

Hardware & Software Needs: _____

Please answer the following:

- Will food/beverages be served? YES NO
- Will there be an admission charge? YES NO
- Will there be a non-student or non-faculty speaker YES NO
 - Name of Speaker(s): _____
 - Subject of Proposed talk: _____
- Audience? _____ Number of People Expected? _____

Note: If selecting speakers, sponsoring organizations should consider the Mission of Gannon University and that the University facilities are dedicated to the special function of education.

Complete form and email to miller028@gannon.edu or print and fax to 814-871-5859