



**Attention: This must be submitted at LEAST 10 days prior to the scheduled event!**

**Event Information**

Events with alcohol present, or events ending after 12am in RTUC/SPEC must have Security present. The Office of Inclusion and Student Engagement will assist in scheduling Security. Cost incurred is the responsibility of the sponsoring organization.

**Date of Event** \_\_\_\_\_ **Start Time** \_\_\_\_\_ **End Time** \_\_\_\_\_

**Name of Event** \_\_\_\_\_

**Location of Event**

Name of Venue	Address	Phone Number
_____	_____	_____

**Event Capacity** \_\_\_\_\_ **Expected Attendance** \_\_\_\_\_ (Attendance cannot exceed venue capacity)

**Admission Charge** \_\_\_\_\_ **Alcohol per person** \_\_\_\_\_ **Security Fee** \_\_\_\_\_ **Other Costs** \_\_\_\_\_ **ALCOHOL** \_\_\_\_\_

**Brief Description of Event** \_\_\_\_\_

**Post-Event Information**

Only one registration form is needed, listing all co-sponsoring organizations or departments. NOTE: Registration is required, even if co-sponsoring with a department.

**Name of Post-Event Organization** \_\_\_\_\_

**Name of Other Related Department or Organization or Departmental Co-Sponsor** \_\_\_\_\_

<b>Department or Organization Office Address</b>	<b>Event Incubator Organization Name</b>	<b>Event Incubator Organization</b>
_____	_____	_____

**Number of Monitors** \_\_\_\_\_ **Post-Event** \_\_\_\_\_ (Please attach additional sheet to provide information if there will be more than four monitors.)

<b>Monitor</b>	<b>Organization</b>	<b>Contact Number</b>	<b>Scheduled Shift Time</b>
_____	_____	_____	_____

Ad

**Transportation Provided**

All programs/events held off campus are required to have transportation provided. *Northwestern University*

Bus

Co. p ny N . e

Co. p ny P one N . er

Other (i.e. Millikin vans or driving private vehicles) Please explain: \_\_\_\_\_

**oc E**