



HIGH POINT UNIVERSITY

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)

- Fall Semester: _____ Start Time: _____
- Spring Semester: _____ End Time: _____

If flexible in dates, please list other options: _____

Expected headcount: _____

Who is expected to attend: _____

Meals

- 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

**Additional costs may be associated with these items.*





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.

Office Use Only Reference Number: _____ Date Rec'd: _____ By: _____
Previous Dates: _____ Previous Housing Location: _____
Recommended Dates: _____ Previous Attendance #'s: _____
Comments: _____ Request Approved _____ Request Denied _____



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