THE UNIVERSITY OF TEXAS AT EL PASO

FACILITY REQUEST FORM

SUBMISSION AND REVIEW

Email the completed form to universityevents@utep.edu at least 30 calendar days before the event. A determination will be sent to the contact email address provided on the form within 10 business days of submission. Do not publicize the event or commit funds until written approval is received.

REQUESTOR INFORMATION

Requestor name: Position:

Organization: Email:

Primary phone: Mobile phone: Mailing address:

☐ University office ☐ Off-Campus organization ☐ Other:

EVENT INFORMATION

Event name: Event type:

Event date: Start time: End time: Expected attendance:

Facility / room requested: Admission charged? ☐ Yes ☐ No Amount:

Is this event a fundraiser? ☐ Yes ☐ No

Brief event description and purpose:

FOOD AND BEVERAGE

Is catering needed? ☐ Yes ☐ No Type of catering request: ☐ Beverage Service ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Reception

☐ Other:

AUDIO VISUAL AND TECHNOLOGY

Is audio / visual equipment needed? ☐ Yes ☐ No Select all that apply: ☐ Microphone / sound system ☐ Podium ☐ Projector / screen

☐ Streaming ☐ Other:

ROOM SETUP

☐ Theatre ☐ Classroom ☐ Boardroom ☐ Round tables ☐ U-Shape ☐ Other:

JUSTIFICATION AND ADDITIONAL INFORMATION

Why would you like to host this event at UTEP?

Additional comments / information:

Do you have a UTEP Sponsor? ☐ Yes ☐ No If yes, please provide cost center:

OFFICE USE ONLY

Refered to: Date received:

☐ Approved ☐ Not approved

Comments:

Signature: Date: