Event Set-up Request Form

Events and Conference Services Telephone (410) 951-3571

EventServices@Coppin.edu

Have you received approval from your supervisor/department for this request? YES NO

Deadline to submit event requests is 10 days prior to the start of the event. A floor plan **must** be attached to each request that requires the room set-up to be altered.

Some requests may require additional services that will be the financial responsibility of your department. Submitting this form indicates that your department accepts all financial responsibility & has reviewed, understood, and agreed to adhere to all policies.

Date of Request:	Name of Person Comp	Name of Person Completing Form:		
Department:		Extention/Phone#:		
Event Location (Building & Room):			
Name of event:				
Description of work required:				
Date of Event (if applicable):				
Start time (if applicable):				
End time (if applicable):				
Request to be completed by (dat	e & time; not ASAP):			
Anticipated # of attendees:				
Will decorations be used:		click below to attac	:h floor plan	
Decorations (including ballo	ons) should be free-standing	and removed at the end of the event by your depo	artment.	
Additional info:				
Name of Department/Division He	ead:			
Department/Division Head Email	:			
	A copy of this form will be	e sent to the email address provided above		
	Click here to submit f	orm		
	EVENT & CONFERENCE	SERVICES USE ONLY		
REQUEST N	IUMBER MUST BE ADDED BY	ECS BEFORE JOB CAN BE PERFORMED		
ASSIGNED TO:		REQUEST#:		
TIME STARTED:		DATE RECEIVED:		
TIME COMPLETED:		ECS LOG ENTRY:		
DATE COMPLETED:		INITIALS:		

DESCRIPTION OF WORK PERFORMED: