

Event Registration Form

Event Contract and Payment Request Form

Name of Organization Submitting Contract:

Contact person for Event:

Name: _____ *Position in Organization* _____
Email: _____ *Phone:* _____

Advisor for the Sponsored Organization:

Name: _____ *Position on Campus:* _____
Email: _____ *Phone:* _____

Nature of the Program/Service for which the contract is issued: (ex. Speaker, musician, workshop, vendor)

Name of Person (Artist) providing program/service:

Address: _____
Phone #: _____
Fax#: _____
Social Security #: _____

Name of Agency (if one is used):

Name of Agency: _____
Agency Name: _____
Address: _____
Phone#: _____ *Fax #:* _____

Date of Event: _____ Time of Event (Begin): _____ (End): _____

Where will Event be held (Room/Building): _____

Brief outline of event (What will be happening?): _____

How much are you paying for event? Check Amount: \$ _____

To whom will payment be made? _____

When will payment be made? (Mail, Night of Event, ect) _____

Are you paying for:

Meals Yes No How many? _____
 Airfare Yes No Cost of Airfare: _____ Who will make arrangements?: _____
 Hotel Yes No
 Name of Hotel: _____ Phone: _____ # Nights: _____ Who will make arrangements: _____

Please list other required necessities/payments for the event:

Please list any other accommodations that you will need:

Additional Notes: