

## Special Event Request Form

Please complete all fields and include a full description of the event. Submit the form to the SoP Alumni Advancement and Engagement Coordinator at least 10 business days prior to the start of the scheduled event.

**Please allow at least 5 business days for a response from our team. Thanks for your understanding!**

Part 1 - Applicant Information					
<b>Name:</b>	<b>Email:</b>	<b>Submission date:</b>			
<b>School of Pharmacy staff/faculty?</b>	Yes	No	<b>SOPhs Affiliated club?</b>	Yes	No
<i>If NO to above please include the following:</i>					
<b>Phone number:</b>	<b>Association:</b>				
<b>Address:</b>					

Part 2 - Event Information					
<b>Name of event:</b>			<b>Is this the first time for the event?</b>		Yes    No
<b>Date(s) of event (inc. day(s) of the week):</b>			<b>Time of event:</b>		
<b>Location: (online/room)</b>	<b>Room booked:</b>		Yes	No	N/A
<b>Number of guests:</b>					
<b>Event description (include as much detail as possible):</b>					
<b>Special instructions regarding event (If YES to any of the lines below, please provide further detail):</b>					
Yes	No	<b>Will there be food or other deliveries (name of supplier, timing of delivery and setup, etc.)?</b>			
Yes	No	<b>Will you require IT support (IT ticket required, type and timing of support, etc.)?</b>			
Yes	No	<b>Will you require additional custodial services (additional garbage cans, etc.)?</b>			
Yes	No	<b>Any special instructions re: parking (PDF permit for attendees or will guests use pay and display, etc.)?</b>			
Yes	No	<b>Any special instructions re: security (door/elevator access and timing, etc.)?</b>			

ADMINISTRATIVE USE ONLY					
Approved	Denied	<b>Signature:</b>			
<b>Date:</b>	<b>Send Copy To:</b> Cafe    Security    Advancement    U/G    PhGA    SOPhs				