SAINT LOUIS UNIVERSITY Madrid
THE AMERICAN JESUIT UNIVERSITY IN SPAIN

Event Organization Form

Date ____ / ____ / ____

Name _____
Department / Division _____

EVENT
Name of event _____
Date and time of event _____
_____

Facilities needed (classrooms, auditoriums, campus spaces, etc. - specify number of participants):

Publications needed (Programs, posters, name badges, etc.): yes ☐ no ☐
If so, specify:

Will you require IT equipment? yes ☐ no ☐
If so, specify equipment required:

Will you require Dining Services? yes ☐ no ☐
If so, specify:

Will you require Buildings and Grounds support? yes ☐ no ☐
If so, specify:

Other (Promotional materials, office supplies, etc):

Event organizer: _____ Date: _____
(Signature)

Supervisor: _____ Date: _____
(Signature)

Please fill out this form and return to Jessica Erwin in Office of Finance and Operations