

Event Information Form

Date: ____/____/____

Name: _____

Event Name/Title: _____

Date of Event: ____/____/____

Event Location/Room Number: _____

Number of people/guests: _____

Do you need a room reservation? Y N (If yes, please visit the following web address: www.mynsmapps.uh.edu)

What is this event for? (Please provide a description of this event.)

What type of food would you like for this event? **(BE ADVISED: A 72 hour prior notice is required for food events.)**

Please list any dietary restrictions: _____

What time would you like the food to arrive? ____:____ AM PM

Will you be needing beverages? Yes (please choose from the following options) No

- | | | |
|--|---------------------------------|---------------------------------|
| <input type="checkbox"/> Coffee: | <input type="checkbox"/> Tea | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Creamer | <input type="checkbox"/> Water | _____ |
| <input type="checkbox"/> Sugar | <input type="checkbox"/> Soda | _____ |
| <input type="checkbox"/> Stirring Rods | <input type="checkbox"/> Juices | _____ |

Which of the following items will you need?

- | | |
|---|---|
| <input type="checkbox"/> Utensils: <input type="checkbox"/> Spoons <input type="checkbox"/> Forks <input type="checkbox"/> Knives | <input type="checkbox"/> Serving Utensils: <input type="checkbox"/> Tongs <input type="checkbox"/> Spoons |
| <input type="checkbox"/> Plates: <input type="checkbox"/> Dinner <input type="checkbox"/> Dessert | <input type="checkbox"/> Table(s) – How Many? _____ |
| <input type="checkbox"/> Bowls | <input type="checkbox"/> Ice: Qty _____ |
| <input type="checkbox"/> Cups | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Napkins | _____ |

What is your food/beverage budget? _____

Cost Center: _____

Event Requester's Signature: _____ **Approver's Signature:** _____