



Conferences & Special Events Office – EVENT INTAKE FORM

Δ EVENT/COMPANY/ORGANIZATION NAME _____

Δ CLIENT INFORMATION

Client Name: _____
Email: _____
Phone: _____
Address: _____
Department: _____
Event Budget (\$) _____

Δ EVENT INFORMATION

Day (s), Date (s) _____

Start Time: _____ AM PM End Time: _____ AM PM

CSE Staff Member required on Site? YES NO

Estimated number of participants at event? _____

Is there a fee for guests to attend any part of the event? YES NO If yes, \$____ per person

Δ EVENT TYPE

Sports activity _____

Campus/Community _____

Camp _____

Professional Retreat _____

Tournament _____

External _____

Education/Enrichment _____

Other _____

△ DETAILS

Reception _____

Dinner _____

Speaker _____

Performance (s) _____

Conference _____

Fundraiser _____

Webinar _____

Other _____

△ LOCATION

Campus location 1st choice _____ 2nd choice _____

△ CATERING REQUIREMENTS YES NO

If yes, please include any allergies, dietary restrictions, cultural specific needs details

△ PHOTOGRAPHY YES NO

If yes, _____ student or _____ professional?

Audience Type External Audience Other _____

Event Sponsor(s) ? _____

△ ALCOHOL SERVICE REQUIREMENTS

Will there be alcohol served at this event? YES NO

If yes _____

ADDITIONAL COMMENTS:

PART II

△ MISCELLANEOUS

Calendar & Registration

Event posted on Springfield College Calendar? _____

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MARKETING & COMMUNICATIONS PLAN (FOR USE BY ALUMNI & FRIENDS NETWORK)

Events Newsletter (email 2nd Thursday of month) Date(s): _____ By: _____

_____ CONTENT FOR NEWSLETTER DUE 1 WEEK PRIOR TO EMAIL DATE Segmented email

(targeted audience) Date(s): _____ By: _____ Website

(request event posting) JIRA request needs to be put in By: _____ AFN _____ EMO

Print Collateral Date(s): _____ By: _____

Other, specify _____ Date(s): _____ By: _____

CALENDAR POSTING DESCRIPTION (EXACTLY AS IT WILL APPEAR IN CALENDAR POSTING)

CALENDAR POSTING (Webpage, PICTURE, ATTACHMENT, ADDITIONAL INFORMATION)