



**Institute for Conflict
Analysis and Resolution**

EVENT REQUEST FORM

Event Name: _____

Group/Person Sponsoring Event: _____

Date of Event: _____

Time of Event: _____

Anticipated Attendance: _____

Location of Event _____

Brief Description of Event: _____

Primary Funding Source for Event: _____

Secondary Funding for Event: _____

Does your event require any of the following? If so, please provide a contact person in charge of logistics: _____

Airfare/Hotel : _____

Advertising: _____

Office Supplies: _____

AV/Tech Support: _____

Parking/Transportation: _____

Catering: _____