**SUNY Canton**

**External Entity Event Request Form**

|  |  |
| --- | --- |
| Contact Information:  Name/Title:  Organization:  Phone #:  Email: | |
| Event Summary:  *(event description)* |  |
| Event Day/Date/Time:  *(preferred)* |  |
| Event Day/Date/Time:  *(alternate option(s))* |  |
| Location/Space Requested:  *(room name/number* ***or*** *describe what is needed)* |  |
| Size of Event:  *(provide number attending/to plan for;*  *figure max. number and adjust down when known)* |  |
| Requested Setup/Needs:  *(tables, chairs, layout, etc.)*  *(setup examples – click link below)* <https://www.canton.edu/events/setup.html>  *(Please provide diagram for custom setups.)* |  |
| Audio/Visual Needs:  *(microphones, projection, sound, etc.)* |  |
| Food/Beverage Needs:  *(only SUNY Canton catering permitted)* |  |
| Is the event  public?  private? | Will children be involved?  Yes  No |
| Parking:  <https://www.canton.edu/media/pdf/campus_map.pdf> | We will provide you with a parking pass. Please use the campus map (link to left) to find your designated parking lot (noted on your parking permit). |
| Additional Information/Comments:  *(For planning purposes, please provide a schedule of events with*  *your submission and any additional information/comments to*  *help us fully understand your event.)* |  |

Please complete and submit this form by email to Amber Baines, Special Events Coordinator, at [bainesa@canton.edu](mailto:bainesa@canton.edu) or call (315) 386-7918 with any questions.