



COLLEGE OF HEALTH, EDUCATION & PROFESSIONAL STUDIES

EVENT REQUEST FORM

***NOTE:** This form MUST be completed at least 8 business days in advance of your requested event date. Please submit form and any images you would like included to eric-m-williams@utc.edu

NAME: _____ DEPARTMENT: _____

PHONE NUMBER (*best to reach for immediate Q's*): _____

EMAIL: _____

OFFICIAL EVENT NAME: _____

EVENT DATE(S): _____

EVENT TIME(S): _____

EVENT LOCATION: _____

EVENT ADDRESS: (or building if event is held on campus):

EVENT DESCRIPTION:

PROMOTION DATE(S) REQUESTED: _____

ADDITIONAL DETAILS:

PLEASE SELECT THE PROMOTION TYPES REQUESTED:

Disclaimer: If you select print materials such as a flyer or poster, we can design a downloadable PDF. Unless we've made prior arrangements, we are not responsible for printing orders or printing costs. (Be specific about in additional details section or in request email)

- Social Media
- Write Up/Blog Post
- Event Flyer
- Event Poster
- Photography
- Videography