

EVENT LOGISTICS FORM

(To request UGA IDM to handle logistics of obtaining and/or paying for space and/or catering for a meeting or training)

Date: _____ Requesting Coalition: _____

Requester (Your) Contact Information

Name: _____

Phone Number: _____

Email Address: _____

Organization: _____

Event Information

Event Name: _____

Event Date: _____

Start Time: _____ End Time: _____

Desired Meeting Location: _____

Approx. Attendance: _____ Estimated Cost: _____

Do you want to use TRS for event registration? Yes No

 **What does Coalition Support need to arrange?:** Location Catering Instructor Other: _____

Set-Up Type: Chairs Only (Lecture Style) Tables & Chairs (All facing front) Round Tables/Chairs Other

Other Set-Up Type: _____

Do you need any equipment for your meeting/event? _____


Will there be food at this event? Yes No If yes, what type: Breakfast Lunch Other

Preferred caterer – Name: _____

Catering Location: _____ Catering Phone Number: _____

Delivery/Catering Set Up Time: _____

Point of Contact for Delivery Name: _____ Point of Contact Phone Number: _____

 **BUDGET LINE ITEM(S):** _____

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

**SUBMIT COMPLETED FORM AND MENU SELECTIONS FOR CATERING TO
COALITION SUPPORT (coalitionsupport@uga.edu)**

UGA Use Only | Received: _____ | Booked: _____ | Confirmation #: _____