

Event Name: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

First Contact: _____ Phone: _____

Category: Non-profit Education Government For-Profit

Tax ID Number: _____

Additional Event Information:

Type: Conference Performance Community Event _____

Proposed Location(s): _____ Event Date: _____

Setup Time: _____ Event Start: _____ Event End: _____ Teardown: _____

Estimated Attendance: _____ Age Range: _____

Estimated Number of Prospective C of I Students: _____

Is your event open to the C of I Community? Yes No

Admission Fees to General Public: _____ C of I Community: _____

What is your request? _____

Publicity organization will be using *:

Categories: TV Radio Print Facebook Twitter YouTube

Web URL(s): _____

Dates Running: _____

*All media information must go through C of I Communications Office for approval:

communications@collegeofidaho.edu or call 459-5820.

Please note any food needs must be provided by Bon Appétit. For food service contact Bon Appétit by calling 459-5490 or emailing catering@collegeofidaho.edu.

Please attach a sheet with a brief explanation of your event and how sponsoring it will benefit The College of Idaho.

Office Use ONLY:	
Estimated Costs Room Rental(s): _____	Amount of Discount Approved: _____
Estimated Costs Equipment Rental(s): _____	Amount of Discount Approved: _____
Estimated AV Personnel: _____	Amount of Discount Approved: _____
Estimated Other Personnel: _____	Amount of Discount Approved: _____
_____	Date: _____
Director of Special Events & Conference Services	