East Carolina Heart Institute at East Carolina University
Event Scheduling Form

Organization Name:
Event Name:
Purpose of Event:
Date of Submission:
Event Date:
Actual Start & End Time of Event:

Contact Person (this person must also attend event):
Phone # & Email:

Time Access to Room is needed for set up:
Time needed for break down:

Meeting Rooms Requested (check all that apply):

- Auditorium
- Conference Rooms
- Atrium
- Outside Patio

Number of Attendees: ________
# of Parking Spaces Needed for NON ECU/VMC EMPLOYEES: _______

AV Requirements (check all that apply): Final requests for specific AV assistance is needed 2 weeks prior to event and must be made through the EVENT COORDINATOR.

- Projector/screen
- Microphone/Podium
- Other (specify)

*If you have more than one presenter with all different presentations, we encourage you to have all presentations on ONE flash drive. We do not provide laptops, but do have a desktop for your convenience.*

How many presenters will you have? ______
How many different presentations will you have? ______
What will you be bringing for the presentations? (Check one)

- Flashdrive
- Laptop

Will you have poster presentations? YES NO
If yes, how many?
Is WiFi needed for your guests? YES NO

Facilities Requirements for Room:

**Please note that we will do our best to accommodate your set up requests.**

1. How would you like the tables and chairs arranged? Draw a picture if needed.
   - Banquet style - square or 60” rounds can be used
   - Boardroom style- closed square of tables
   - U-Shape- boardroom tables in U shape
   - Classroom style- rows of tables with chairs
   - Theatre or Auditorium Style- chairs in rows without tables in front of them
   - Other(specify)

2. Extra tables (mark all that apply along with how many and location)
<table>
<thead>
<tr>
<th>Type</th>
<th>#</th>
<th>Location (Atrium, Conference room, Stage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Table</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Table</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Table</td>
<td></td>
<td></td>
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<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Food or Catering Services:**

1. Who is catering?

2. What type of meal(s) are being provided?
   - □ Plated
   - □ Buffet
   - □ Appetizers/social time
   - □ Other (specify)

3. Will there be alcohol served?
   - □ Yes - If so, an alcohol request form must be filled out for ECU groups. There is no alcohol allowed for student groups. Campus Police will patrol the area when alcohol is present.
   - □ No

**Decoration:**

1. What type of decorations will you have?

2. Who is providing the decorations?

**Specials Guests (VIPs, Politicians, etc.):**

**Security Requirements:**

**Other special needs:**
All groups must fill out and sign this contract in agreement to ECHI policies.

The ECHI Event Coordinator will email you a confirmation of your request. If you have not heard back within 72 business hours, please contact Paige Butler at butlerp@ecu.edu.

Policy Agreement:

☐ I agree and have read all of the terms and conditions regarding the use of facilities within the East Carolina Heart Institute.

__________________________________________
Print Name(This person must also attend event)

____________________________________        __________________
Signature                                Date

**Please print and either fax, email or send with the enclosed deposit (if applicable) to:

East Carolina Heart Institute at ECU
115 Heart Drive, Room 3117
Greenville, NC 27834
Campus Mail Stop 651
Phone: 252-744-5395
Fax:252-744-7692