

Event Information Form

Organization Representatives should work with their assigned FAC liaison to submit this form to the Program Advisor in advance of their event. Submit this form along with any contracts/documents you have received from the Agency.

Organization Information	
Organization Name:	
Organization Contact Name:	
Contact Email:	
Contact Phone Number:	
FAC Liaison Name:	
FAC Liaison Contact Information:	

Agency Information	
Please include the information with whoever you have been in contact with the booking of your event.	
Agency Name:	
Agency Representative Name:	
Email:	
Phone Number:	Fax Number:

Event Information		
Please answer this information to the best of our abilities.		
Event Name:		
Description (Speaker, Comedian, Performer, etc.):		
Date/Possible Dates: 1)	2)	3)
Location:	Start Time:	
Estimated Attendance:	Length of Program:	

Contract Information	
Breakdown of FAC Allotted Funds (i.e. publicity, fees, ect.):	
Amount of Funds covered by FAC	
<i>Please list the amount that will be covered by FAC below:</i>	
a. Honorarium:	Ground Transportation:
b. Air Travel:	Lodging:
Arrangements:	
a. <i>Have any travel arrangements been made (air, car rental, train, etc.)?</i>	
b. <i>Have any hotel arrangements been made (# of rooms, # of nights, etc.)?</i>	
Who will be responsible for making these arrangements? Truman Agency/Artist	
Has the agency sent a contract? Yes No	
a. <i>If yes, please submit to the Program Advisor along with this form. [NOTE: Only professional staff members can initiate and sign contracts on behalf of the University.]</i>	
b. <i>If no, the Program Advisor will request one on behalf of the student organization.</i>	