



PROVIDENCE
COLLEGE

Office of Institutional Advancement

OFF-CAMPUS EVENT REQUEST FORM

REQUEST SUBMISSION DATE:

IA STAFF LEAD:

HOST: **Name:**
 Telephone:
 Email:

EVENT NAME:

EVENT GOAL/PURPOSE:

RATIONALE OF IN-PERSON EVENT VS. VIRTUAL: [Click here to enter text.](#)

PROPOSED DATE/TIME:

EVENT TIME Beginning-End):
(Beginning-End)

EVENT LOCATION:

EVENT LOCATION/VENUE CONTACT: [Click here to enter text.](#)

EVENT LOCATION COVID/VENUE PLAN: [Click here to enter text.](#)

ESTIMATED GUEST COUNT: [Click here to enter text.](#)

GUEST LIST NAMES AND RESIDENT STATE (s):
(List VIPs and/or attach separate guest list)

COLLEGE REPRESENTATIVES IN ATTENDANCE:

Note: No official College Business Travel as of 7.22.2020-TBD per GW

CONTINGENCY PLAN (Covid Surge or Denial of In-Person Event):

ADDITIONAL DETAILS:

SIGNATURE APPROVAL OF DEPARTMENT SUPERVISOR:

APPROVAL DATE:

SIGNATURE APPROVAL OF VICE PRESIDENT:

APPROVAL DATE: