

## **Event Inquiry Form**

## **Client Information**

Chefft illiorniation						
First Name	Last Name		_	University Affilia	tion	U of R Campus
				<ul><li>Administrator</li><li>Faculty</li></ul>		<ul><li>○ Eastman</li><li>○ Medical Center</li></ul>
Email Address	Phone Number		1	<ul><li>Staff</li><li>Student</li><li>None</li></ul>		<ul><li>Memorial Art Galle</li><li>River Campus</li><li>Other</li></ul>
	J [	Name	J	Email Address		Phone Number
Nould you prefer we contact someone	else for more information?					
Event Information						
Event Name			Estimated	Number of Attendees		
Requested Event Date(s) Setup/Star	t Time Teardow	n/End Time	Event Loc	ration(s)		
Please answer the follo	owing questions to help	o identify n	ecessary infor	mation and needs fo	or vour	event.
Facilities Needs	<b>9 4</b>	, <b>,</b>	,		<b>,</b>	
Con aval Cossion / Dlanam Dagra	○ Yes					
General Session/Plenary Room	O No					
General Session set up:	_	Classroom Other				
Are breakout rooms required?	○ Yes ○ No					
Number of breakout rooms:			Capacity require	ed for each		
Breakout room set up:	<ul><li>Theater</li><li>Banquet</li></ul>	Classroom Other				
Room preferences (if any):						
Other facilities needs (exhibit spa	ce, poster sessions, etc.):					
Catering Needs						
Do you require food service?	○ Yes ○ No		Will you be servi	ing alcohol at your event?	○ Ye	es
If yes, type of food services requir	in .	_		ala.	○ No	0
yes, type of food services requir	ed? Cafeteria style	3	Catered me	eais		
	☐ Breakfast		Refreshmer	nt Break		

Dinner

Lunch

Eastman School of Music Special Events Office 26 Gibbs Street

Phone: (585) 274-1059 Fax (585) 263-2807 Email: wborden@esm.rochester.edu

Please complete this form and print/save as a

Rochester, NY 14604

pdf document.

## **Concert Office Needs** Will there be a concert performance? Staging/Concert requirements Staging Diagram - yes (attached to email) Staging Diagram - n/a ☐ Ticket sales through Eastman Thea ☐ Ticket sales through other outlet? Is this a ticketed event? Yes Ticket sales through Eastman Theatre Box Office? Will there be printed programs? Yes If yes, who is producing and providing programs? No Yes Will there be merchandise sales If yes, who will be providing merchandise? O No (cd's, books, etc.?) **Equipment Needs** Yes Do you require equipment rental? If yes, type of equipment required? Tables Poster walls O No Chairs Linens Other **Technology and Media Production Needs** If yes, please provide additional information: Yes Would you like your event to be recorded O No (Audio and/or Video?) Yes Does your event need Sound Reinforcement? ○ No Yes Does your event need Audio Visual Support? ○ No Yes Do you have any other T&MP requirements? ○ No **Housing Needs** O Yes Do you require on-campus housing? If yes, how many rooms? Single Double Yes Do you require hotel accomodations? Yes No If yes, how many rooms? Double Single

## **Additional Information**

Will the event be open to the public?	○ Yes ○ No	Will there be an admission and/or registration charge?	○ Yes ○ No
Do you have any Security needs (locking, unlo	cking rooms, etc.):		
Please indicate any sources of funding establis	shed for this event:		

Please complete this form and save as a pdf document. Email to: wborden@esm.rochester.edu, and include the completed pdf document as an attachment.