

Graduate School Event Order Form

Chris Jones • 541-346-8457 • cjones14@uoregon.edu

Event		
Event Title:		
Description:		
Contact Person:		
Phone:		Email:
Recurrence:	One Time Event	Recurring
Details		
Event Date:	Start Time:	End Time:
Room Preference:	<input type="checkbox"/> Leona Tyler Conference Room	
	<input type="checkbox"/> Graduate Student Lounge	
Required Equipment:	<input type="checkbox"/> Video Projection/Screen	<input type="checkbox"/> Other:
Food & Beverage:	<input type="checkbox"/> UO Catering	<input type="checkbox"/> Alternate Caterer
Food Preference:		
Event Notes:		

In signing this form I am affirming I have read and understand the policies and guidelines outlined in the [Scheduling Procedures for the Graduate Student Center and Leona Tyler Conference Room](#) and agree I will be responsible for damages and/or extra staff time required for cleanup or in extreme cases the loss of use of these spaces if I am found out of compliance.

First Name: _____

Last Name: _____

UO ID Number: _____

Signature: _____



UNIVERSITY OF
OREGON

Graduate School