



Idaho State University

# Meridian Event Registration Form

Student Organizations  
208-373-1700  
1311 E. Central Drive Meridian, Idaho 83642  
Administration Office

### Contact Information

Organization: \_\_\_\_\_

Student Contact – Student Responsible for Event:

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Advisor Contact – Advisor Responsible for Event:

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Final Signatures	
<input type="checkbox"/> Organization Advisor – First Required Signature	Date
<input type="checkbox"/> Student Services	Date

## Event Information

Name of Event: \_\_\_\_\_

Type of Event (performer/meeting): \_\_\_\_\_

Event Dates: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Event Location: \_\_\_\_\_

### **\*\*NOTE\*\***

**You will be responsible for set-up and clean-up of your event –including tables, chairs, etc.**

Do you need tables? \_\_\_\_\_ # of tables: \_\_\_\_\_

Will Food be served at your event? \_\_\_\_\_

Do you need extra garbage cans? \_\_\_\_\_

Intended Audience:

Student  Faculty  Staff  Organization

Public (explain): \_\_\_\_\_

Approximate # of attendees: \_\_\_\_\_

Is your event suitable for minors? \_\_\_\_\_

If no please explain: \_\_\_\_\_

Will you need Public Safety at your event? \_\_\_\_\_

### Event Set-Up/Audio Visual Services

Set-up Type:  Theatre  Classroom  Banquet

U-Shape  Other (explain): \_\_\_\_\_

Which, if any, AV equipment or services will you need?  LCD  Projector  Podium/Mic

Laptop Computer  Microphone (s) # \_\_\_\_\_

TV/VCR/DVD Player