



PROVOST CALENDAR REQUEST

Date Submitted: _____

Name of Meeting or Event: _____

Event Size: _____

Sponsoring Group or School: _____

Contact: _____

Location: _____

Office Phone: _____

Cell Phone: _____

DATE OF MEETING OR EVENT

1st Choice: _____

(Day of Week, Date)

2nd Choice: _____

(Day of Week, Date)

3rd Choice: _____

(Day of Week, Date)

From: _____

AM
PM

To: _____

AM
PM

Reception Start: _____

AM
PM

Dinner Start: _____

AM
PM

LOCATION

Venue: _____

Alternate: _____

EVENT TYPE

Breakfast

Lunch

Business Dinner

Formal Dinner

Reception

Meeting

Speaking Engagement

REQUEST FOR ATTENDANCE/PARTICIPATION

Provost Nikas

Provost and Mrs. Nikas

Do you wish Provost Nikas to speak at your event?

YES

NO

Master of Ceremonies

Welcome

Introduction/Remarks

Keynote Speaker

How long will the Provost need to speak?

Is there a particular topic the Provost should speak on based upon the theme of your meeting / event?

Who will be attending this event?

Do you want University Events to handle arrangements?

YES

NO

COMMENTS

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Recommended: _____

Approved: _____

Not Recommended: _____

Not Approved: _____

Date: _____

Confirmation Sent: _____