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Name of the Event Date of the Event Organization Name Event CoordinatorEvent Description: Please check one of the boxes below: YES, I will be attending this event I will NOT be attending this eventAdvisor Comments: By signing this form you are acknowledging your awareness and consent for the Event sponsored by the StudentOrganization on ...

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Student Event Planning Checklist Faculty of Applied Science and EngineeringEvent: Date(s):Facilitator(s): On-site support: 1. BEFORE EVENTSStatus Action by Whom By When Identify purpose of event, A V and food requirements Confirm dates and timelines Confirm business details with external facilitators Add to Outlook personal calendar Request event be added to LOT website Events Calendar Reserve Faci...

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