

College of Arts and Sciences

Event Submission Form

Personal Information

Name: _____	Department: _____
Your Location: _____	Contact #: _____
A&T Email: _____	

Event Information

Event Name: _____	
Event Date(s): _____	Event Time(s): _____
Event Location: _____	
Event Description:	
<div style="border: 1px solid black; height: 150px;"></div>	

Special Event Information:

Is this event ticketed? Yes No

If yes, please list prices, including special prices

Special instructions for this event

(Event phone number, email address, website, etc.)