



CONFERENCING APPLICATION

Applicant information

Name: _____ Department/Business: _____

Type of Event: _____ Date/Time: _____

Circle one (if necessary): Profit/Non-Profit _____ Recurring*: _____

*Please note that all recurring camps/events must be approved by WPU Cabinet

Location/Locations: _____

Contracts Sent _____ Contracts Received _____

Copy of Insurance Received (Athletic) _____

Equipment/Set-up Needs

Tables/Chairs _____

Projector/Screen _____

Sound System _____

Pipe/Drape _____

Stage Pieces _____

Podium _____

Additional Set-up Notes: _____

Sodexo Catering: 641-673-1069/halversonj@wmpenn.edu

Notes: _____

Email Contacts + Phone Numbers

Name/Phone/Email _____

Name/Phone/Email _____

Signature _____ Date _____

Additional comments

