

Plymouth State UNIVERSITY

*e*Events Management System User and/or Event Setup Request Form

USER SETUP INFORMATION:

Name: _____
FIRST MI LAST

Department: _____ Phone: _____

Email address: _____

Looking for Access Only? Yes No If no, please complete the section below.

EVENT SUMMARY:

Event Title & Date(s): _____

Event Location: _____

Purpose of the Event: _____

Registration:

Start Date: _____

End Date: _____

Number of Registrants (estimated): 0-20 21-50 50-100 100+

Payment Required: Yes No
 If yes, what FOAPAL(s) will be used? _____

Requested by: _____
SIGNATURE

PRINT

Phone: _____

Please submit completed form to:
 Controller's Office
 Speare Building, MSC 15

Approved by:

 L . Wilcox, EPOC representative, or
 Controller's Office representative.