**EVENT NAME**

DATE | START & FINISH TIME

**REQUESTOR TO COMPLETE ALL SECTIONS- minimum 2 weeks prior to the event**

**EVENT DETAIL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LOCATION** |  | | | |
| **START DATE** |  | **END DATE** | |  |
| **START TIME** |  | **FINISH TIME** | |  |
| **BUMP IN TIME** |  | **BUMP OUT TIME** | |  |
| **EXPECTED NUMBER OF ATTENDEES** |  | **ARE ANY EXTERNAL/ STAKEHOLDERS PRESENTING OR ATTENDING?** | | Yes (attach list)  No |
| **KEY STAFF CONTACTS** |  | | | |
| **BUDGET:**   * Account code * Event budget | | | 01.\_\_\_.\_\_\_\_\_  $ | |

**SUPPORT REQUESTED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **OFFICE USE ONLY:** | | |
| **TASK:** | **NOTES/DETAILS:** | **ACTION/**  **ASSIGNED TO:** | **STATUS/ UPDATE** | **Date last updated:** |
| **Calendar invitation** | *If requestor requires Ops Team to generate calendar invitation, please provide wording for invitation here:* |  |  |  |
| **Additional information** | *Please attach the following:*  Invitee list & email addresses  Agenda  Map  Any other supporting documents |  |  |  |
| **Venue** | *Please include details of preferred location and/or confirmation of booking* |  |  |  |
| **Format, AV support & equipment** | **Format:**  In person  MS Teams  Livestream  Collaborate  Zoom (note: Zoom is not supported by IDS)  **Other requirements:**  Recording (must include ‘THIS EVENT IS BEING RECORDED’ in Topic Line of booking as per P&C advice)  In-person audio visual team support during the event.  **Equipment required:**  Clicker/laser pointer  Hand-held microphone (number) \_\_\_  Lectern PC  Laptop (BYO Device)  Online Presentation  Whiteboard & markers  Butcher Paper & markers  Pull Up Banners (detail type)  BGL logo (gold background)  Program specific: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Tags (attach list of attendees)  Name Plates (names & org/title)  Other (include detail)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| **Catering:**   * **Food** * **Beverages**   Request for dietary requirements will be included in the calendar invitation. Responsibility of recipients to advise needs.  Support will be adjusted to meet COVID-19 requirements as required. | **Food: type required**  Morning Tea  Lunch  Afternoon Tea  Other (add detail here \_\_\_ )  **Beverages:**  Tea/Coffee self-serve station  Coffee Tab (requires approval of DoCS if charging to College Operations account, otherwise the appropriate delegate for Teaching/Research Section budget – attach email approval).  Bottled water  Other (add detail here \_\_\_ )  Alcohol - note: minimum 2 weeks’ notice and attach [Application to provide alcohol on University Premises form](https://staff.flinders.edu.au/content/dam/staff/governance/liquor-permit.pdf)  If Operations support requested for catering service, provide detail here \_\_\_) |  |  |  |
| **On the day support from the Ops Team** | **Assistance required:**  Registration desk  Room set up  Pack down  Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  \*note, requests for on the day event support will be reviewed by the CBGL Executive Officer. **On the day support is not guaranteed** but will be provided where possible. |  |  |  |
| **Guest Car Parking:** | **Permit details:**  Driver name:  Registration plate number:  State of registration:  \*note, Ops team will process permit requests and charge to nominated account code for event. |  |  |  |
| **Guest/Speaker Gifts:** |  |  |  |  |
| **Additional Notes/special requests:** |  |  |  |  |
|  |  |  |  |  |

Submit completed application to: [cbgl.operations@flinders.edu.au](mailto:cbgl.operations@flinders.edu.au)

**Approval:**  Executive Officer  College Manager

Notes:

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