

# EVENT LOGISTICS FORM | COVID-19 CARRYOVER

(To request UGA IDM to handle logistics of obtaining and/or paying for space and/or catering for a meeting or training)

Date: \_\_\_\_\_ Requesting Coalition: \_\_\_\_\_

## Requester (Your) Contact Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization: \_\_\_\_\_

## Event Information

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Desired Meeting Location: \_\_\_\_\_

Approx. Attendance: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Do you want to use TRS for event registration? ☐ Yes ☐ No

★ **What does Coalition Support need to arrange?:** ☐ Location ☐ Catering ☐ Instructor ☐ Other: \_\_\_\_\_

Set-Up Type: ☐ Chairs Only (Lecture Style) ☐ Tables & Chairs (All facing front) ☐ Round Tables/Chairs ☐ Other

Other Set-Up Type: \_\_\_\_\_

Do you need any equipment for your meeting/event? \_\_\_\_\_

Will there be food at this event? ☐ Yes ☐ No If yes, what type: ☐ Breakfast ☐ Lunch ☐ Other

Preferred caterer – Name: \_\_\_\_\_

Catering Location: \_\_\_\_\_ Catering Phone Number: \_\_\_\_\_

Delivery/Catering Set Up Time: \_\_\_\_\_

Point of Contact for Delivery Name: \_\_\_\_\_ Point of Contact Phone Number: \_\_\_\_\_

★ **BUDGET LINE ITEM(s):** \_\_\_\_\_

Coalition Facilitator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coalition Executive Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT COMPLETED FORM AND MENU SELECTIONS FOR CATERING TO  
COALITION SUPPORT (coalitionsupport@uga.edu)**

UGA Use Only | Received: \_\_\_\_\_ | Booked: \_\_\_\_\_ | Confirmation #: \_\_\_\_\_