

**HOWARD UNIVERSITY COLLEGE DENTISTRY EVENT REQUEST FORM**

All requests must be submitted at least **2 WEEKS** prior to the event (NO exceptions). Requests during class hours must be approved by the Associate Dean for Academic Affairs. **ALL** persons entering the building for events must sign in and show a valid proof of identification to the Security Officer on duty at the Front desk. Failure to comply will result in being asked to leave our premises. **\*ALL weekday evening events MUST end no later than 9:00PM!**

**Date (s) Requested:** \_\_\_\_\_ **Time Requested: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Department / Organization:** \_\_\_\_\_

**Organization's Email Address:** \_\_\_\_\_

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

**Activity/Event Type:** (Lecture, Lunch & Learn, Ceremony, Student Organization, Health Service Professionals)

\_\_\_\_\_

**Name(s) of Speaker(s): Howard University Faculty/Staff/Student**

1. \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

2. \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**Number of persons expected to attend:** \_\_\_\_\_

**Who is eligible to attend?** (Check all that apply): HU Students \_\_\_\_\_ College of Dentistry students \_\_\_\_\_  
Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Open to public \_\_\_\_\_

**Food to be served?** Yes \_\_\_\_\_ No \_\_\_\_\_ **[ALCOHOLIC BEVERAGES NOT PERMITTED!]**

**Will there be music?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify \_\_\_\_\_

Requestor's Name \_\_\_\_\_ Date \_\_\_\_\_

**Signature of President:** \_\_\_\_\_

**Signature of Faculty Advisor:** \_\_\_\_\_