

Event #:
Campus:

Internal External

Client ID #:

**MacEwan University
Conference and Event Services
Event Order Form**

Company: _____

Contact: _____ Email: _____

Billing
Address: _____ City: _____ Province: _____ Postal Code: _____

Phone #: _____ Ext/Cell #: _____

Event Name: _____

Date	Day	Room	Setup	Start	End	Attendees	Activity

Audio-Visual:

Catering Department:

Facilities:

Parking:

Other:

Event Signage:

Notes:

Routing Box

Client _____
Catering _____
Facilities _____
AV _____
Calendar _____
Event _____

