



External Request Form

HOSPITALITY CONCORDIA

This form is for external clients to request space for events held on campus.

Deadline to Submit: Minimum 20 business days prior to first event date.

All fields are mandatory.

REQUESTOR

First Name: _____ Last Name: _____

Organization / Company Name: _____

Complete Address: _____

NEQ / BN Number: _____

Email: _____

Phone: _____ Cellular: _____

SIGNING AUTHORITY

First Name: _____ Last Name: _____

Business Title: _____

EVENT INFORMATION

Event Name: _____

Preferred Campus (SGW or LOY): _____

Event Date: _____

Event Type: _____

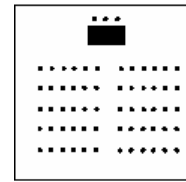
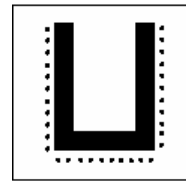
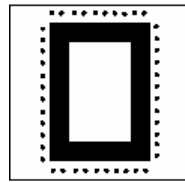
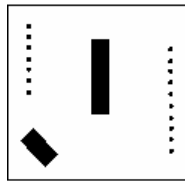
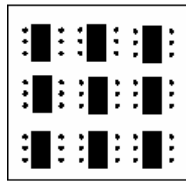
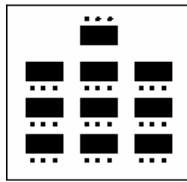
Event Start Time (HH:MM): _____

Event End Time (HH:MM): _____

Describe the event in detail (purpose, activity and if you have a preliminary agenda, please attach):

SET-UP TYPE

General layouts provided – Exact setup will be discussed with the Event Coordinator.
Please check-off which applies below.



Workshop

Dining

Reception

Conference

U-Shape

Theatre

If your set-up does not fit within one of the above mentioned, please describe your set-up:

EXTERNAL GUEST SPEAKERS

Are you expecting External Guest Speakers? ___ Yes ___ No

If the answer is **Yes**, please provide names and brief description of expected speakers. A list of potential speakers should be provided.

GOVERNMENT OFFICIALS AND DIGNITARIES

Are you expecting Government Officials and/or Dignitaries? ___ Yes ___ No

If the answer is **Yes**, please provide names.

MOVIE SCREENING

Will there be a movie screening during the event? ___ Yes ___ No

If the answer is **Yes**, please provide a list of the films and attach the agenda/schedule, if applicable.

CO-HOSTED

Is this event co-hosted with another external organization? Yes No

Organization Name: _____

ATTENDANCE

Select the attendance you are expecting:

Internal members of Concordia, by invitation only Open to Internal Community
 External members of Concordia, by invitation only Open to External Community

Maximum number of expected attendance: _____

ALCOHOL AND FOOD

Will there be **alcohol** at the event? Yes No

Will there be **food** at the event? Yes No

 If there will be food, will it be: Catered Self-catered

ADDITIONAL INFORMATION

Event advertised: Yes No Registration/Fee: Yes No
Media expected: Yes No Monetary donations: Yes No
On-site music: Yes No Cash collection on-site: Yes No

Do your event request include the need to sell any items onsite? Yes No

If applicable, please describe what items you wish to sell onsite:

Do any of your attendees have accessibility needs? Yes No

If applicable, please let us know as not all our venues are accessible and we can suggest alternatives. If your attendees require assistance, please inform us of their requirements so that we can best accommodate them:

How did you hear about us? _____

AUDIO-VISUAL NEEDS

Please let us know what your audio-visual needs are:

ADDITIONAL INFORMATION YOU WISH TO INFORM US ABOUT

Please provide any relevant additional information:

Once completed, please return by email to Hospitality Concordia at hospitality.booking@concordia.ca.