

CETS Workshop, Institute and Conference Services Information Form

Do not use this form for technology service for any regularly-scheduled Main Campus class. Instead, please use the *Advance Request Information Form*.

Billing/Contact Information (non-GU personnel)

Contact Name: _____ Telephone: _____ Fax: _____

E-Mail Address: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Billing/Contact Information (GU on-campus personnel)

Contact Name: _____ Telephone: _____ Fax: _____

E-Mail Address: _____

Department: _____

Campus Mail Address: _____

GU Budget Number: _____

Conference/Workshop Title: _____

Overall Days and Dates: _____

Overall Locations: _____

On-site Coordinator or Contact Person: _____

Telephone: _____ Fax: _____ Email: _____

Total Number of Attendees (all days): _____

Affiliation with Georgetown University:

____ Sponsored by GU Dept. ____ Co-sponsored by GU Dept. ____ Leasing space from GU

Session Information

[Please circle all that apply]

	Day	Date	Start Time	End Time	Building	Room
Session A:						
VHS DVD Audio CD Audio Cassette 35mm Slide Transparency Own laptop Other: _____						
Computer: CD Zip Floppy Network Drive Web PowerPoint Excel Other: _____						

	Day	Date	Start Time	End Time	Building	Room
Session B:						
VHS DVD Audio CD Audio Cassette 35mm Slide Transparency Own laptop Other: _____						
Computer: CD Zip Floppy Network Drive Web PowerPoint Excel Other: _____						

	Day	Date	Start Time	End Time	Building	Room
Session C:						
VHS DVD Audio CD Audio Cassette 35mm Slide Transparency Own laptop Other: _____						
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	Day	Date	Start Time	End Time	Building	Room
Session D:						
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	Day	Date	Start Time	End Time	Building	Room
Session E:						
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	Day	Date	Start Time	End Time	Building	Room
Session F:						
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	Day	Date	Start Time	End Time	Building	Room
Session G:						
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Session Information

[Please circle all that apply]

	Day	Date	Start Time	End Time	Building	Room
Session H:						
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	Day	Date	Start Time	End Time	Building	Room
Session I:						
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	Day	Date	Start Time	End Time	Building	Room
Session J:						
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	Day	Date	Start Time	End Time	Building	Room
Session K:						
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Session L:						
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Session M:						
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	Day	Date	Start Time	End Time	Building	Room
Session N:						
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Session Information

[Please circle all that apply]

	Day	Date	Start Time	End Time	Building	Room
Session O:						
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	Day	Date	Start Time	End Time	Building	Room
Session P:						
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	Day	Date	Start Time	End Time	Building	Room
Session Q:						
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Session R:						
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Session S:						
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Session T:						
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	Day	Date	Start Time	End Time	Building	Room
Session U:						
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