



PS Event Proposal

This form must be signed and submitted to Peter at least 30 days prior to your event.

Date Submitted

General Event Information

Date of Event

Event Time

Faculty Member Hosting

Title of Event

Speaker Name and Affiliation

Co-Sponsor(s)

Room and Set-up Information

Room Preference(s)

Facilities Set-up Required?

Yes No

Facilities Set-up Type

Catering

*Events within the hours of 9-5 may be catered by local restaurants or Tufts Catering.
Events occurring after 5pm **must** be catered by Tufts Catering.*

Catering requested?

Yes No

Type of Catering Desired

*Tufts Catering may also include charges for delivery, set-up, and clean-up.
See <http://catering.tufts.edu> for more information.*

Travel and Honorarium

Honorarium Requested? Yes No

Travel Arrangements Required? Yes No

If yes, please describe specifics

Other Special Requests

Are students needed to assist with event if after 5pm? Yes No

If so, how many?

Additional Notes

Approval (Staff Use Only)

Total Funding Approved

Deborah Schildkraut, Chair

Date

Paula Driscoll, DA

Date