



EVENT CHANGE FORM

*Required for all changes to original request

Today's Date : _____

Reserved Event Name: _____

Reserved Event Date: _____

Reserved Event Time: _____

MISC / NOTES

TIME CHANGE(S)

From: _____

To: _____

From: _____

To: _____

DATE CHANGE(S)

From: _____

To: _____

From: _____

To: _____

ROOM CHANGE(S)

From: _____

To: _____

From: _____

To: _____

EQUIPMENT CHANGE(S)

From: _____

To: _____

From: _____

To: _____

CANCELLATION – All cancellations must be received within 5 business days

Date(s) _____

Date(s) _____

Reason: _____

Signature: _____

Conference Service Staff: _____