EVENT CHANGE FORM
*Required for all changes to original request

Today’s Date: ______________________
Reserved Event Name: ______________________
Reserved Event Date: _________________
Reserved Event Time: _________________

☐ TIME CHANGE(S)
From: ___________________ From: _________________
To: ___________________ To: _________________

☐ DATE CHANGE(S)
From: ___________________ From: _________________
To: ___________________ To: _________________

☐ ROOM CHANGE(S)
From: ___________________ From: _________________
To: ___________________ To: _________________

☐ EQUIPMENT CHANGE(S)
From: ___________________ From: _________________
To: ___________________ To: _________________

☐ CANCELLATION – All cancellations must be received within 5 business days
Date(s) ____________________________
Date(s) ____________________________
Reason: _______________________________________________________________________________
Signature: _______________________________________________________________________________
Conference Service Staff: __________________________________________