

COEHP Special Events Room Request

Email completed form to: coehpad@uark.edu
Confirmation email will be sent to the event requestor within 48 hours.

Event Information

Event name: _____

Type of event: _____ Department: _____

Date(s) of event: _____

Start time: _____ End time: _____

Building: _____ Room: _____

Number of participants: _____

Cost center: _____

**Cost center as needed for extra clean-up, personnel, and/or facility fee.*

Additional comments/special requests:

Requestor Information

Contact name: _____

Contact email: _____

Contact phone: _____

Additional contact: _____

Additional email: _____

Additional phone: _____