

**CENTER FOR CHICAGO PROGRAMS**  
**EVENT REQUEST**

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Please return to Jennie Larsen NO LATER than **2 weeks** prior to the event.

Phone: x6172

Mailbox: A9

Fax: 847-735-6295

Email: larsen@lakeforest.edu

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Day & Date of Event: \_\_\_\_\_

Name of Professor: \_\_\_\_\_

Phone/Email: \_\_\_\_\_ Cell Phone # (In case of emergency): \_\_\_\_\_

Class: \_\_\_\_\_

Department: \_\_\_\_\_

Number of participants (including professor): \_\_\_\_\_

Number of students with special needs (explain): \_\_\_\_\_

Is student attendance required/optional: \_\_\_\_\_

Class assignment related to event (yes/no): \_\_\_\_\_

**(Please attach a copy of the class assignment to this form.)**

Describe event: \_\_\_\_\_

Location: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Time of Departure from Campus: \_\_\_\_\_

Time of Return to Campus: \_\_\_\_\_

If On-Campus: Room Requested: \_\_\_\_\_

Honorarium Requested: \_\_\_\_\_

Guest speaker/performer (email address if available): \_\_\_\_\_

Describe event: \_\_\_\_\_

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Office Use Only

Date Rec'd: \_\_\_\_\_

CCP TO PROVIDE:

Contact Information/Venue:

Transportation:

Tickets: