



UMKC EVENT REQUEST FORM

In order to ensure availability submit form 1 month prior to the event.

Requestor(s):	Phone:	Date:
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Department/Organization:

Requested Executive: Chancellor Leo Morton Appearance Only Speech & Appearance

EVENT LOGISTICS

(The following information must be completed for ALL requests.)

Event Title:

Event Date:	Event Start Time:	Event End Time:
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Event Type: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Reception <input type="checkbox"/> Other _____

Location:

Executive requested to arrive by:	Executive may leave by:
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Room Setup: <input type="checkbox"/> PowerPoint <input type="checkbox"/> Podium <input type="checkbox"/> Microphone <input type="checkbox"/> Other _____
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On-Site Contact:	Mobile Phone:
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On-Site Contact:	Mobile Phone:
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MEET/GREET KEY PEOPLE

(Biographical information is required NO LESS than 3 days before the event)

Name:	UMKC Connection:
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Name:	UMKC Connection:
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Name:	UMKC Connection:
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Name:	UMKC Connection:
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Name:	UMKC Connection:
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SPEECH REQUEST

(Complete this section for speaking requests)

Speech Length:	Speech Start Time:	Speech End Time:
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Purpose: <input type="checkbox"/> Welcome <input type="checkbox"/> Congratulate <input type="checkbox"/> Inform <input type="checkbox"/> Motivate <input type="checkbox"/> Seek Support <input type="checkbox"/> Seek Approval <input type="checkbox"/> Reinforce
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Main Point(s):

Desired Outcome(s):

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AUDIENCE BACKGROUND

(Check ALL that apply)

Students

Group(s):

Staff

Group(s):

Faculty

Group(s):

Trustees Women's Council Alumni Community Other _____

Estimated Audience Size:

Media Present: YES NO

Audience to ask questions: YES NO

Question/Answer Session Length:

Audience Disposition: Excited Welcoming Optimistic Friendly Forward Looking
 Supportive Aggressive Disappointed Pessimistic Non-supportive Hostile

Anticipated Audience Disposition:

ACKNOWLEDGE KEY PEOPLE

(Biographical information is required NO LESS than 3 days before the event)

Name:

Reason:

Name:

Reason:

Name:

Reason:

OTHER SPEAKERS

(Biographical information is required NO LESS than 3 days before the event)

Name:

Title:

Name:

Title:

Name:

Title:

ADDITIONAL INFORMATION

(Provide any additional information below)

APPROVED:

SIGNATURES:

DATE:

YES NO

Supervisor

YES NO

Asst. Vice Chancellor/Provost/Vice Chancellor

Submit completed form to: UMKC Chancellor's Office • 5115 Oak St. • Room 301 • Kansas City • MO • 64110
Phone: 816.235.1101 • Fax: 816.235.5588