|  |  |
| --- | --- |
|  | Women Chemists of Color Program |
|  | Date: |

# Event Request Form

## Information

|  |  |
| --- | --- |
| Requestor Name: |  |
| Requestor Organization: |  |
| Phone Number: |  |
| Email: |  |
| Location of Event: |  |
| Date of Event: |  |
| Time of Event: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Event Requested: | | | | |
|  |  | Panel Discussion |  | Other (Please explain): |
|  |  | Reception |  |  |

|  |
| --- |
| Reason for Event: |
|  |
| *All requests will be processed and evaluated based on the vision and mission of the American Chemical Society, Women Chemists of Color Program.* |

|  |  |
| --- | --- |
|  |  |
| Signature | Date |

## American Chemical Society Approval (Office Only)

|  |  |  |
| --- | --- | --- |
|  |  | Approved |
|  |  | Rejected |

|  |
| --- |
| Comments: |
|  |

|  |  |
| --- | --- |
|  |  |
| Manager Signature | Date |

**You may submit your request electronically to B\_Johnson2@acs.org or by fax to (202)776-8045**

**WCoC PROGRAM EVENTS REQUEST FORM INFORMATION**

When is this form used? The WCoC Events Form is used for all WCoC Program requested events. The WCoC Program Events Form is also used for any event in any room that has catering, outside guests or speakers, substantial audio visual or management needs, or special security considerations.

This form may be faxed or e-mailed upon request. Incomplete forms will not be processed.

POLICIES

Our primary mission is an educational one. Therefore, there is a slight possibility that rescheduling of events will be required. If a difficulty arises, we will contact you.

All events must comply with the food, alcohol and security policies as well as all other University/ building policies.

All cancellations must be communicated to the Department of Diversity Programs, American Chemical Society 30 days in advance. Your organization will be charged for any services that have already been performed for the event.

Clean-up is the responsibility of the sponsoring organizations.

**BY SIGNING BELOW:**

You indicate that you have read the above policies and agree to comply with the policies.

You indicate that you understand that our primary mission is an educational one, and there is a slight possibility that reschedule of events will be required. All requests should be considered TENTATIVE until confirmation is RECEIVED.

You indicate that you will make all necessary arrangements with Facilities, A/V, and Public Safety for the set-up of the event. Please notify ACS about all arrangements AT LEAST 39 DAYS BEFORE THE EVENT.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_