

**CONTACT:**

Office of Event Scheduling and Support  
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**Event Inquiry Form**

***CONTACT INFORMATION***

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

***EVENT INFORMATION***

Event Name: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event Start Time: \_\_\_\_\_

Event End Time: \_\_\_\_\_

Will you need access to the room prior to event start time? If so, what time?

\_\_\_\_\_

Anticipated Head Count: \_\_\_\_\_

Minors (under 18) attending? \_\_\_\_\_

General Catering Needs: \_\_\_\_\_

\_\_\_\_\_

General Media Services Requirements: \_\_\_\_\_

\_\_\_\_\_

Agenda (Please attach agenda or briefly describe here): \_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_