CONTACT INFORMATION
Organization: ________________________________________________________
Organization Representative(s): _________________________________________
Mailing Address: ______________________________________________________
Telephone: ____________________________________________________________
Email Address: _________________________________________________________
Website: ______________________________________________________________

EVENT SCHEDULING
Title of Performance/Event: _____________________________________________

Brief description of Performance/Event:

Performance/Event Dates(s): _____________________________________________
Check-in/Registration start time: _____________
Performance/Event Start Time: ______________
Performance/Event End Time: ______________
Other time needed for setup or rehearsal: _________________________________
Anticipated Number of Attendees: _______________________________________
Reception (Day, Time, Location and # of people): __________________________
Will you film this event for archival or broadcast purposes? __________________
Will tickets be sold? What are the ticket prices?
(Please note all seats must be assigned, unless otherwise agreed to in writing by the General Manager. GWLT does not provide box office services.):

(continues on page 2...)
AUDIO-VISUAL AND TECHNICAL SUPPORT
Number of microphones? ______       Number of Chairs? ______

Please check if the following items are needed:
Lectern          Video or Powerpoint       Piano       Dressing Rooms

Please list any specific technical needs:

Please attach a schedule, contact sheet and run of show or agenda when returning this form.

Return this form to Chil Kong at ckong@jjay.cuny.edu.