

Event Guest Pre-Registration Request Form

Please complete this form to request pre-registration for the event. This document is formatted for printing and manual record-keeping.

1. Event Information

Event Title:

Event Date (MM/DD/YYYY):

Event Location/Venue:

2. Primary Guest Information

First Name:

Last Name:

Organization / Affiliation:

Email Address:

Phone Number:

3. Additional Attendees (If Applicable)

Additional Guest 1 (Full Name):

Additional Guest 2 (Full Name):

4. Host / Sponsor Details

Invited By / Internal Sponsor Name:

Sponsoring Department:

5. Special Requirements

Accessibility or Dietary Requirements:

6. Office Use Only

Received By:

Date Received:

Status (Approved/Pending/Denied):

Assigned Registration Code: