Professional Contract Inquisition Form

Your Name: __________________________      e-mail: _______________________________________

Student Organization Requesting Contract: ________________________________________________

Name of Performer/Vendor: __________________________

Name of Agent/Company (if any): ________________________________________________________

Price Range of Performer/Vendor: _______________________________________________________

Date of anticipated event: _____________________  Time of anticipated event: ________________

*Check to see what else is going on at calendars.owu.edu*

Where do you intend to host this event? ___________________________________________________

*You can check room availability at schedule.owu.edu*

How many people do you expect to attend? _______________________________________________

Is this event open to the public?

**No, just the organization**  **Yes, to the Campus Community**  **Yes, the whole community**

Please describe the benefit of this event to your organization/the community:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________

Will this event/vendor incur additional costs outside of the listed price? (i.e. travel, rider, special setup, food) *Please remember that the University prefers to work with all inclusive contracts.*

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