 **Claflin University**

Office of Communications & Marketing

**Contact**

George Johnson ~ 803-535-5077 (office) ~ 240-338-2219 (cell) ~ [geojohnson@claflin.edu](mailto:geojohnson@claflin.edu)

J. Craig Cotton ~ 803-535-5350 (office) ~ 757-708-4622 (cell) ~ [jocotton@claflin.edu](mailto:jocotton@claflin.edu)

Colin Myers~803-535-5668 (office) ~ 803-968-1639 (cell) ~ colin.myers@claflin.edu

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***Event Coverage Request Form***

Please complete the Event Coverage Request Form and send it to the Office of Communications and Marketing at Claflin University via email to [geojohnson@claflin.edu](mailto:geojohnson@claflin.edu) / or [jocotton@claflin.edu](mailto:jocotton@claflin.edu). You may also deliver the completed form and additional information to the Office of Communications and Marketing in Tingley Memorial Hall, Third Floor, Suite 7.

**Please submit all information at least thirty (30) days prior to the event.**

**If necessary, information can be provided on a separate sheet.**

**Requestor (First and Last Name)**

**Title:**

**Department:**

**Office Phone Number/Email Address:**

**Title/Theme of Event:**

**Date: (MM/DD/YYYY)**

**Location (Building/Room Number):**

**Event Description/Additional Information:**

**Purpose of Event/Individuals - Group(s) expected to attend:**

**Event Host or\*Sponsor (\*if providing funding of event):**

**Guest Speaker/** **Special Guest(s):**

**Please attach event flyer and any additional information that describes the event.**

**Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**