



# Web Calendar Request Form

**Submit request form AT LEAST four (4) weeks prior to event.**

Organization: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Circle one: OSU-M NC State

Event Date/Time: \_\_\_\_\_ Dates of posting: From \_\_\_\_\_ To \_\_\_\_\_

Name: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

CALENDAR CHOICE (please check)

- NC State Calendar
- OSU Calendar
- Both

**Please print or type your message** and use a separate form for each message. The message is subject to change/abbreviation due to its length. Please keep your message as **brief and concise as possible**.

ADDITIONAL INFORMATION TO BE POSTED

<b>OFFICE USE ONLY</b> Date Rec'd _____ Initials _____  Completed _____ Initials _____  Removed _____ Initials _____
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