



Received: _____
Emailed: _____

Event Request

We ask that you please complete and return this form two weeks in advance, or more, of your event.
Last minute requests are always welcome, although more difficult to accommodate.

Event Information

Date & Day of Event _____

Title of Event _____

Number of Ambassadors Requested: _____

Title of Event: _____

Event Description: _____

Ambassador Responsibilities- *please circle one or more:*

Mingle with Guests Registration/Check-in Greet Guests Student Panel Tour Introduce Speakers

Please note any details or if you would like a particular Ambassador with specific skills/interests:

Time/Location Information:

Location of Event:

If the event is off-campus, what are the transportation arrangements?

Meeting Place:

Report Time for Ambassadors: _____

Uniform: Formal (Sport Coat) _____

Time Event begins: _____

Casual (Polo) _____

Time Event ends _____

Other (Specify) _____

Contact Information

Contact Person: _____ Dept: _____

Phone: _____ E-mail: _____

Return this form to:
PSU Student Ambassador Program
Office of Student Affairs- Mail Code OSA
47 Smith Memorial Center
Phone: 725-8240
Fax : 725-5344
E-mail: stamb@pdx.edu
<http://www.ambassadors.pdx.edu>

For Office Use Only:

Lead Ambassador: _____

Ambassadors Assigned: _____

Notes from Lead Ambassador: