

Name of Artist/Ensemble:

Event Date:

**Event Type:** 

## Program Collection Form

Your event must be on the master calendar before you submit this form. Submit electronically to <a href="mailto:musicprograms@okstate.edu">musicprograms@okstate.edu</a>

This form is due on the 15<sup>th</sup> of the month prior to the performance date. If the form is not submitted by the deadline, the event will be canceled.

**Event Time:** 

Venue:

Primary Contact:	Phone:						
Email:			Inst	rument:			
Major:				Jr Sr	Grad		
Professor:			Pro	f Email:			
Detailed Repertoire & F	Run Time <i>(in</i>	clude int	termissio	n if applica	able):		
Composer	Title & Movement					Duration	
Would you like the event livestreamed? No Yes							
Will there be an intermi	ssion?	No	Yes, aft	er which p	iece:		
Production needs:	Piano	Micro	phone	Project	or Ot	her	
Additional production r	needs:						
Pre- or post-concert ac	tivities?	No	Yes,				
Pre- or post-concert reception?		No	Yes, lo	cated in	GSM	MCPA	<b>.</b>
Would you like catering	?	No	Yes				

## Additional Repertoire:

Composer	Title & Movement	Duration