

Request for Virtual EMS (VEMS) Account

- Please print and complete this form, obtain the required signatures, and return it to the Office of Reservation Services located in the Elliott University Center, Suite 221.
- Please submit no more than two (2) names of persons allowed to submit requests for your organization

Student Organization: _____

Billing Address: _____

Representative #1

Name: _____

UNCG Username: _____

UNCG Email Address: _____

Phone Number: _____

Representative #2

Name: _____

UNCG Username: _____

UNCG Email Address: _____

Phone Number: _____

Approvals:

Student Organization President: _____

Signature: _____

Student Organization Faculty Advisor: _____

Signature: _____