



CAMPUS EVENT SCHEDULING RESERVATION REQUEST

STUDENT GROUP INFORMATION

NAME OF ORGANIZATION _____

PERSON MAKING RESERVATION _____ PHONE _____ EMAIL _____

FAX _____ MAIL CODE _____

PERSON RESPONSIBLE FOR EVENT (IF DIFFERENT) _____ PHONE _____

EVENT INFORMATION

EVENT TITLE _____ TYPE OF EVENT _____ EXPECTED ATTENDANCE _____

IS THIS A CO-SPONSORED EVENT? YES NO
ARE YOU CHARGING ADMISSION, REGISTRATION FEE, COLLECTING DONATIONS, OR SELLING ANY ITEMS OR SERVICES? YES NO
WILL YOU ADVERTISE OFF-CAMPUS? YES NO
WILL THE EVENT BE OPEN TO THE PUBLIC? YES NO
WILL YOUR EVENT INVOLVE MUSIC, SINGING, DANCING, OR AMPLIFIED SOUND? YES NO
WILL YOU BE SERVING FOOD? YES NO
IF SERVING, WHAT IS THE SOURCE? [] CAMPUS CATERING [] BRINGING OWN (ATTACH FOOD WAIVER REQUEST FORM) [] "BROWN BAG" ONLY
ARE YOU REQUESTING PERMISSION TO SERVE ALCOHOL? YES NO HAVE YOU FILLED OUT AN ALCOHOL REQUEST FORM? YES NO
IS THIS REQUIRED FOR A CREDIT CLASS? YES NO

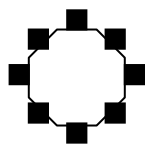
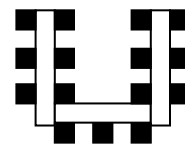
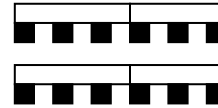
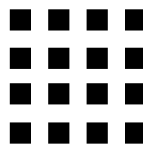
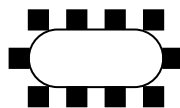
LOCATION, DATES, TIMES (ATTACH ADDITIONAL INFORMATION IF NEEDED)

Table with 8 columns: PREFERENCE, DATE(S) REQUESTED, DAY(S) REQUESTED, USER ACCESS BEFORE EVENT, EVENT START TIME, EVENT END TIME, USER BREAKDOWN AFTER EVENT, ROOM PREFERENCE (IF AVAILABLE). Rows include 1st PREFERENCE and ACCEPTABLE ALTERNATIVE.

PLEASE SELECT FURNITURE ARRANGEMENT NEEDED:

[] OPEN SPACE [] CONFERENCE [] AUDITORIUM [] CLASSROOM [] U-SHAPE [] ROUNDS

[] INFO TABLE (NH & SMC)
[] INFO TABLE (CH & SMC)



[] OTHER SPACE - PLEASE ATTACH A DIAGRAM OR DISCUSS YOUR SET WITH A RESERVATION REPRESENTATIVE. ROOM DIAGRAMS ARE AVAILABLE FOR YOUR CONVENIENCE FROM OUR OFFICE.

ADDITIONAL FURNISHINGS AND QUANTITY

[] NO ADDITIONAL FURNISHINGS NEEDED

[] TABLE TOP LECTERN [] WHITE BOARD [] 6' HEAD/PANEL TABLE, W _____ CHAIRS [] LITERATURE/DISPLAY TABLE
[] STANDING LECTERN [] FLIP CHART & PAD [] 6' REGISTRATION TABLE, W _____ CHAIRS [] SIGN STANDARDS
[] PIPE & DRAPE (UNIT) [] EASELS [] 6' REFRESHMENT TABLE [] COAT RACK
[] OTHER [] RISER (UNIT) [] DANCE FLOOR

TECHNICAL EQUIPMENT AND QUANTITY

[] NO SERVICES NEEDED

[] OVERHEAD PROJECTOR/SCREEN [] SLIDE PROJECTOR/SCREEN [] PROJECTION SCREEN ONLY [] TV
[] PSU NETWORK ACCESS [] TELEPHONE W/ ACTIVE LINE [] VIDEO PROJECTOR/SCREEN [] VCR PLAYER
[] MICROPHONE [] AV CART [] PIANO [] DVD PLAYER
[] MICROPHONE (WIRELESS)

INDEX CODE (REQUIRED) SDO _____

IMPORTANT: PLEASE READ!

CONDITIONS & LIABILITIES

AS AN AUTHORIZED REPRESENTATIVE OF THE ORGANIZATION LISTED ABOVE, I WILL BE RESPONSIBLE FOR SUBMITTING ANY NECESSARY FORMS, PAYMENTS, OR INFORMATION REQUIRED TO THE CAMPUS EVENT SCHEDULING OFFICE BY THE DATES SPECIFIED ON MY CONFIRMATION. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN CANCELLATION OF OR ADDITIONAL CHARGES FOR MY RESERVATION. I UNDERSTAND THAT MY COPY OF THIS COMPLETED FORM DOES NOT REPRESENT A CONFIRMED RESERVATION. IF ANY OF THE ABOVE INFORMATION CHANGES, I WILL NOTIFY THE SCHEDULING OFFICE WITHIN ONE BUSINESS DAY OF THE CHANGE (STUDENT ORGANIZATIONS MUST ALSO NOTIFY THEIR ADVISOR). MISREPRESENTATION OF THE NATURE OF THE ACTIVITY, OR FAILURE TO FULLY DISCLOSE PERTINENT DETAILS REGARDING THIS EVENT, MAY RESULT IN ADDITIONAL CHARGES OR DENIAL OF FACILITY USE. CANCELLATIONS OF EVETNS MUST BE SUBMITTED IN WRITING!

STUDENT GROUP COORDINATOR SIGNATURE _____

DATE _____

ADVISOR SIGNATURE _____

DATE _____