

FACILITY RESERVATION REQUEST

EVENT TITLE _____

EVENT TYPE

Reception	_____	Concert/Entertainment	_____
Banquet	_____	Wedding	_____
Expo/Career Fair	_____	Meeting	_____
Conference	_____	OTHER	_____

ORGANIZATION _____

CLIENT TYPE

University Department	_____
Alumni (Non-Affiliated)	_____
Faculty/Staff (Non-Affiliated)	_____
Other (Community, Group, Corporate, Individual)	_____

NAME _____

CONTACT TELEPHONE NUMBER _____ EMAIL ADDRESS _____

EVENT DETAILS

EVENT DATE(S) _____ EVENT START _____ EVENT END _____

SET-UP ARRIVAL TIME _____

DAY OF EVENT POINT OF CONTACT _____ CELL PHONE _____

FACILITY / ROOM(S) DESIRED _____

ESTIMATED ATTENDANCE _____

EVENT DESCRIPTION/AGENDA _____

SUPPORT SERVICES (Specify)

Audio Visual Equipment _____

Room Configuration (attach a floor plan) _____

Parking - # of Spaces _____ Security _____

Will you require Catering? YES _____ NO _____

OTHER _____