

SPACE REQUEST

Space is **NOT** considered reserved until confirmed by the U.C. office
Fill out and Save. Return via Email to: ross003@nsuok.edu

Organization _____ Application Date _____

Contact Person _____

Cell Phone _____ Extension _____ Home Phone _____

E-mail _____

Day & Date of Event _____ Room Preference _____

Beginning Time _____ Estimated End Time _____ Estimated Attendance _____

Setup Time _____ Cleanup Time _____

Name of Event _____

Type of Event _____

Food Service: Full Refreshments only Snacks None

(Catering must be provided by Sodexho and arrangements can be made by calling extension 2550)

TYPE OF ACTIVITY:

- | | | | | |
|----------------------------------|--------------------------------------|--------------------------------------|--------------------------------|------------------------------------|
| Banquet <input type="checkbox"/> | Recruitment <input type="checkbox"/> | Dance <input type="checkbox"/> | Movie <input type="checkbox"/> | Reception <input type="checkbox"/> |
| Meeting <input type="checkbox"/> | Training <input type="checkbox"/> | Study Group <input type="checkbox"/> | Party <input type="checkbox"/> | Seminar <input type="checkbox"/> |
| Lecture <input type="checkbox"/> | Leadership <input type="checkbox"/> | Performance <input type="checkbox"/> | Prom <input type="checkbox"/> | Other <input type="checkbox"/> |

Equipment needed: IF MORE THAN ONE PLEASE INDICATE

- | | | | | | |
|---|----------------|----------------------------------|----------------|--|----------------|
| Tripod Screen(s) <input type="checkbox"/> | how many _____ | Speaker <input type="checkbox"/> | how many _____ | Round Table <input type="checkbox"/> | how many _____ |
| Microphone(s) <input type="checkbox"/> | how many _____ | DVD <input type="checkbox"/> | how many _____ | 6ft Table <input type="checkbox"/> | how many _____ |
| Overhead Projector <input type="checkbox"/> | how many _____ | Easel <input type="checkbox"/> | how many _____ | Chairs <input type="checkbox"/> | how many _____ |
| Dolly/Carts <input type="checkbox"/> | how many _____ | Podium <input type="checkbox"/> | how many _____ | Data Projector <input type="checkbox"/> | how many _____ |
| Sound Board <input type="checkbox"/> | how many _____ | Stage <input type="checkbox"/> | how many _____ | Laptop Computer <input type="checkbox"/> | how many _____ |
| Beverage Cooler <input type="checkbox"/> | how many _____ | VCR <input type="checkbox"/> | how many _____ | Television <input type="checkbox"/> | how many _____ |
- Other (please describe) _____

** If decorations or a specific design layout will be used, please provide
a description and plan for use on separate sheet of paper.

I have read and understand the policy & guidelines regarding use of the University Center Facilities and agree, on behalf of the group I represent, to abide and be bound by them.

Signature of Contact Person _____

For Office use only: Responded by Email Telephone In person Date _____

Space(s) Assigned _____

Date & Time _____ Food Service Confirmed Yes N/A QB

Customer ID _____ Invoice # _____