

CHICAGO STATE UNIVERSITY

Office of Meetings & Events

9501 South King Drive – Room 2304

Chicago, IL 60628-1598

Office: (773) 821-2183 Fax: (773) 821-2721

Space Reservation Request Form

PLEASE NOTE:

**ONE EVENT, ONE
DATE, and ONE
LOCATION** per form.

APPLICATION INFORMATION *(Please print or type.)*

Requestor's Name: _____
Title: _____
Department/Organization: _____
Address: _____
City, State, Zip: _____
Telephone: _____ Fax: _____ Email: _____
Funding Account #: _____

(Please include your account number or your reservation will not be processed if blank)

EVENT/ACTIVITY INFORMATION *(Please be specific)*

Name/Type of Event: _____
Event Date: _____ Alternative Date: _____ Start Time: _____ End Time: _____ Attendance: _____
Purpose of Event: *(Describe the outcome and benefit of this event.)*

Name of Speaker/Performer: _____
Who may attend this event? _____
Admission Charge *(Please circle)* Tickets/Pay on Site Tickets: _____ Pay on Site: _____
Will food and/or beverages be served? *(Y/N)* _____ Will music be provided? *(DJ/Band/Other)* _____
Concessions Needed: *(Y/N)* _____ Catered: *(Y/N)* _____ Web Calendar: *(Y/N)* _____

SPACE REQUESTED & SPACE SET-UP ARRANGEMENTS *(Please be specific)*

Requested Space: *(Lecture Halls, Arena, Conference Rooms, Auditorium, etc.)*

Set-Up: *(Describe how you want the space arranged and attach a sketch to this request.)*

What time should doors be opened? For Sponsor: _____ For Public: _____

ADDITIONAL SERVICES *(SUBJECT TO COST)*

_____ Sound/Microphone	_____ Tables: Type: 4ft 6ft 8ft Round <i>(please circle)</i>
_____ Audiovisual	_____ Registration Table
_____ Podium	_____ Chairs: <i>How many?</i> _____
_____ Stage: <i>How big?</i> _____	_____ Lighting
_____ Parking	_____ Pipe & drape
_____ Telecommunication Devices	_____ Other: _____

* By signing the form below you are agreeing to the General Rules & Regulations that governs space requests in the Office of Meetings & Events.

Signature: _____ Date: _____
(Applicant) *(Club / Organization Advisor)*

Signature: _____ Date: _____
(Fiscal Officer)

Signature: _____ Date: _____
(Event Manager)