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.

ADDI ICATION INFORMATION (Diamannia)	
APPLICATION INFORMATION (Please print or type.)	
Requestor's Name:	
Title:	
Department/Organization:	
Address:	
City, State, Zip: Fax: Fax:	
Telephone: Fax:	Email:
Funding Account #:	
(Please include your account number or your reser	vation will not be processed if blank)
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EVENT/ACTIVITY INFORMATION (Please be specific)	
Name/Type of Event:	
Name/Type of Event: Start Time: 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 (<i>Please circle</i>) Tickets/Pay on Site Tickets:	Pay on Site:
Will food and/or beverages be served? (Y/N) Will n	
Concessions Needed: (Y/N) Catered: (Y/N)	Web Calendar: (Y/N)
SPACE REQUESTED & SPACE SET-UP ARRANGEME	NTS (Please he specific)
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Revised: April 8, 2011