

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

APPLICATION INFORMATION *(Please print or type.)*

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

EVENT/ACTIVITY INFORMATION

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)* _____

SPACE REQUESTED & SPACE SET-UP ARRANGEMENTS

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

| | |
|------------------------------------|--------------------------------------|
| _____ Sound/Microphone | _____ Tables: <i>How many?</i> _____ |
| _____ Audiovisual | _____ Registration Table |
| _____ Podium | _____ Chairs: <i>How many?</i> _____ |
| _____ Stage: <i>How big?</i> _____ | _____ Lighting |
| _____ Parking | _____ Pipe & drape |
| _____ Telecommunication Devices | _____ Other: _____ |

Signature: _____ Date: _____
(Applicant)

Signature: _____ Date: _____
(President, Vice President, Dean)

Signature: _____ Date: _____
(Event Manager)