

Student Center
Reservations Office, Room 2104
(919) 515-2249
(919) 513-2586 Fax

Reservation # _____
Received: _____
Date: _____
Time: _____

Room Reservation Form

Sponsoring Organization: _____

____ Student Organization

____ Department (Academic or Admin.)

____ Non-University

Mailing Address: _____ **Fax:** _____

Phone: _____

Contact Person: _____ **E-Mail:** _____

Event Date: Month: ____ Day: ____ Year: ____

Event Time: ____ am/pm *to* ____ am/pm

Alternative Dates _____

Access Time: ____ am/pm

Estimated Attendance: _____

Type of Function: _____ (Meeting, Banquet, Conference, Etc.)

Room(s) Preferred: _____ **Alternative Room:** _____

(if multiple rooms please state purpose of each room below)

Event Title: _____

Desired Setup:

Auditorium-Style (chairs only)

Conference-Style

Classroom-Style (tables & chairs facing front)

Round Tables

Other _____

Equipment Needs:

Audio-Visual Equipment _____

Podium: Standing or Table-Top (Circle One)

Sound System _____

Other _____

Catering: No Yes

If yes, Circle: Break Service, Reception, Boxed Meal, Buffet, Plated: _____

(Client is responsible for contacting University Catering directly to request foodservice, 515-2023)

Snacks: No Yes If yes, please note the snack policy (#9) on our policies and procedures sheet.

Please list the snacks you will be providing: _____

Will you be serving alcoholic beverages: No Yes If yes, please contact 515-2249 to receive permit information.

Will there be a charge for attendees &/or vendors to attend your meeting? Yes _____ No _____

SIGNATURE CONFIRMS THAT THE INFORMATION GIVEN IS CORRECT.

Signature: _____ **Date:** _____

Room Explanation

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