

NON-PSC ROOM REQUEST FORM

This request is only for space outside of 200 Barnes Hall and will only be processed when appropriate staff/advisor approval has been obtained.

Today's Date _____ Name of Project/Program _____

Day and Date of Event _____ # of People Expected _____

Individual Making Request _____ Your Email _____

Project/Program Email _____

Advisor's Name _____ Advisor's Email _____

Suggested locations:

Times needed (complete all times below):

_____ Set up _____ Event start
_____ Event end _____ Clean up

Type of Function:

___ Information Session * ___ Dinner ___ Training Session
___ Project/Program Meeting * ___ Retreat * ___ Other: _____
___ Luncheon ___ Reception *
Specify type of food: _____

Equipment needs:

___ TV/VCR ___ Easel ___ Microphone ___ Other: _____
___ Podium ___ Lap Top ___ Lite Pro (LCD Projector)

* Are refreshments/food being served? ___ Yes ___ No

If yes, what type: _____

How will refreshments be obtained, being sure to follow policy? _____

To ensure payment, follow the food ordering process and complete a food request form.

Acct. # to be charged if needed for room or food cost: _____

Advisor's Signature for Approval: _____ Date: _____

Confirmation of space received: _____