

Student Group Room Request

Department of Student Activities
Student Activities Center, Suite 218, (631) 632-9392

ORGANIZATION INFORMATION:

Event Contact Person: Contact Number:

Group Name: Contact E-mail:

Event Title:

EVENT INFORMATION:

Is this an Event or Meeting? Description:

If an Event, what type? Other: Estimated Attendance:

Facilities:

Date Requesting: 1st Choice 2nd Choice

3rd Choice 4th Choice

Event Time: Pre-Access Start End Breakdown

Indicate Technical Needs:

	How many?		How many?		How many?
<input type="checkbox"/> Podium	<input type="text"/>	<input type="checkbox"/> A/V Tech	<input type="text"/>	<input type="checkbox"/> Chairs	<input type="text"/>
<input type="checkbox"/> Tabletop Podium	<input type="text"/>	<input type="checkbox"/> Wireless Mics	<input type="text"/>	<input type="checkbox"/> Round Tables	<input type="text"/>
<input type="checkbox"/> TV/VCR/DVD	<input type="text"/>	<input type="checkbox"/> Lapel Mics	<input type="text"/>	<input type="checkbox"/> 6' Tables	<input type="text"/>
<input type="checkbox"/> Laptop	<input type="text"/>	<input type="checkbox"/> Wired Mics	<input type="text"/>	<input type="checkbox"/> Skirting	<input type="text"/>
<input type="checkbox"/> LCD Projector	<input type="text"/>	<input type="checkbox"/> CD Player	<input type="text"/>	<input type="checkbox"/> Staging 4' x8'	<input type="text"/>
<input type="checkbox"/> Overhead Projector	<input type="text"/>	<input type="checkbox"/> Contract Rider	<input type="text"/>	<input type="checkbox"/> Stage Steps	<input type="text"/>

Set-up Type: Do you require special accommodations for guests with a disability?

Will food be served? If off-campus catering, name of caterer:

Comments: