

Events and Conference Services Department/Staff Event Request Form

TODAY'S DATE:

Please complete this form to request a facility reservation for <u>University Events</u> and <u>University Meetings ONLY</u>. The form will route to ECS once you hit **SUBMIT** below. PLEASE NOTE: A SUBMITTED REQUEST DOES NOT CONSTITUTE AN APPROVAL TO USE SPACE. PLEASE WAIT FOR EVENT CONFIRMATION BEFORE MOVING FORWARD WITH YOUR EVENT PLANS. Once received, Events & Conference Services will process your request and respond with approval or denial within 3 business days. Additional cost associated with event will be charged to the department the Monday prior to the event date.

Have you received approval from your supervisor AND Division AVP/VP to proceed with this event?

YES

NO

Event Point of Contact:			
Contact Number:		Email Address:	
Name of Event & Event Description			
Is this event being held for Coppin constituents ONLY? Is this event in partnership with a NON-CSU Department? If YES, what is the name of the Organization?	YES YES	NO NO	
Event Date:	Е	stimated number of attendees:	
Is there a fee to participate in the event? YES NO			
the event open to the public? YES NO	If YI	ES, please describe target audience:	
Set Up time: Event Start Time:		Event End Time:	
tequested Space #1:			
equested Space #2 (If Applicable):			
pace Set up Request: NOTE: All Spaces, unless otherwise noted ou will be required to submit an Events Set-up form (available of			
audio Visual: (Choose One)			
AV Package 1 (Laptop, projector, and screen) AV Package 2 (Laptop, projector, screen, microph AV Package 3 (Laptop, projector, screen, microph			
Will Food be served at your event? YES NO All catering must be coordinated through Coppin Dining Service coppincatering@thompsonhospitality.com for assistance. All even	es. Please ca vents serving	ll 410-951-1229 or email food are subject to additional housekeeping charges.	
Are any outside visitors attending this event? YES Note the Very Note of t	_	0-951-3556	
authorize the event listed above and affirm that it complies with charges associated with the execution of this University event.	h CSU Camp	ous Space Usage Policies. I authorize billing for all necessary	

Name of Manager/Director/Chair: Name of Division AVP/VP: