

# Cleveland State University

Department of Conference Services  
 2121 Euclid Avenue – AC 104  
 Cleveland, OH 44115  
 Phone: (216) 523-7203 or (216) 687-2227  
 Fax: (216) 687-5545  
[www.CSUOhio.edu/services/conferenceservices](http://www.CSUOhio.edu/services/conferenceservices)

## STUDENT ORGANIZATIONS

### Facilities REQUEST Form

This form must be completed, signed, and submitted to Conference Services a **minimum of 15 working days** prior to the event.

**Cancellation Notice:** Notice must be given in writing within 3 days of the event. Responsible parties will be held financially accountable for all charges that would have been incurred because of commitments made to facilitate the event if proper notice is not given to Conference Services.

NAME / DESCRIPTION OF EVENT \_\_\_\_\_

STUDENT ORGANIZATION \_\_\_\_\_

RESPONSIBLE / REQUESTOR \_\_\_\_\_ PHONE \_\_\_\_\_

	Begin Date		End Date		Facility Requested		Set Up Time		Actual Event Time	
	M/D/Y	Day of Week	M/D/Y	Day of Week			Begin	End	Begin	End
1.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**Set-Up Requested:**

As Is

Classroom

Diagram Attached

Hollow Square

Lecture (Chairs only)

Reception

Round Tables

U-Shape

Other \_\_\_\_\_

**Food and Beverages Served?**  Yes  No

Call Catering Office to place order at 687-3805

Describe Type of Food Requested: \_\_\_\_\_

Food Waiver Approved by Dining Services?  Yes  No

**Alcohol to be served:**  Yes  No

**Event Open To:**

Members Only

University Community

General Public

Rental

Admission \$ \_\_\_\_\_

Registration \$ \_\_\_\_\_

**To Be Notified:**

Building Services

Grounds Department

IMS

Parking

Police – Special Attn.

Police – Required

Special Instructions

Equipment Requested	Qty.
_____	_____
_____	_____
_____	_____
_____	_____

**Estimated Attendance:** \_\_\_\_\_

**Items for Sale:**  Yes  No

**Donations:**  Yes  No

**CSU Account Number:** \_\_\_\_\_

**Request will NOT be processed if left blank.**

**Conference Services Use Only**

File	Reservation #
Type	Entered By
	Date

**Signature Authorization:**

Department Approval \_\_\_\_\_

Facility Approval for BU; LB; MU; PE; RC; UR only: \_\_\_\_\_

Faculty/Staff Advisor \_\_\_\_\_

Student Life \_\_\_\_\_

Conference Services \_\_\_\_\_