

EVENT & SPACE REQUEST FORM

Office of Conference & Event Services

Jsc_ces@jsc.edu 635-1293 Arthur Hall

Customer/Organization Information

- Club/Dept/Group Name _____
- Contact Name _____
- Phone, Ext. and E-Mail Address _____

Event Information

- Name of Event _____
- Event Date: (mm/dd/yyyy) _____
- Beginning Time: _____ End Time: _____
- Setup Time: _____ Breakdown Time: _____
- Type of Event (circle or describe) Lecture, Meeting, Training, Social, Testing, Class, Film, Benefit, Fundraiser, Dance etc. _____
- Location/space requested (if any) _____
- Attendance _____
- Will event be opened to the JSC community or public? Yes No
- Will group use space "as is" or require a specific setup? Yes No
If specific setup, describe table style, and chair style _____
- Special Needs: (circle) podium, mic/amp system, extension cords, power- strips, easels, pads, markers, signage, balloons, # ___ tables, # ___ chairs or _____
- Audio Visual Needs: (if any, be specific) _____
- IT Needs: (if any, be specific) _____
- Food/Refreshments: YES ___ NO ___ (if yes, be specific) _____

Include other important information, details or questions: _____

Signature

Date

SGA Approval Signature

Date

Submit completed form to CES Office located in Arthur Hall. You will be contacted within two business days after form has been received with acknowledgment of receipt and/or confirmation. Thank you.