Student Services Building Multipurpose Room Reservation Request Form

Event Information:				
Date of Request:			Date of Event:	
Name a CEntrat				
Hosted by:				
Description of Activities:				
				Start Time: End Time:
Alternative Location:				* Please include time for set-up & clean up of any for
	Private	Anticipated Number in A	Attendance	 PLEASE NOTE: Event host is responsible for food cleanup and wiping down tables after event.
Event Type: Public Point of Contact at Event:	Ormade			
	ding Sorvicos Pogu	Email: ests: (Building is open N	LE 8:00 a m to 4:30 n	Cell:
	OII	m check/clean up at		n
	g Services starrior restroor		011	
Other, please explain:				
Technology Needs: (A	dvance appointme	nt required to test equi	pment if vou are bring	ing your own.)
	op w/ DVD Player	Projector	Computer Speakers	* Building is equipped with Wi-F
Other, please explain:	. , _	· _		
Other, please explain:				
Furniture Configurati	ion: (tables are 5' in	length)		
	Classroom	Number of tables/chairs	Perimeter (Chai	rs lining room perimeter - no tables)
			Perimeter (Chai	rs lining room perimeter - with tables)
	Hollow Square			
		Number of tables/chairs	Please include a	table at the front for presenter
	Conference			
		Number of tables/chairs		
	U-Shape			
		Number of tables/chairs		
	Theater	Number of chairs		
Additional Information/Co	mmonte	Number of chairs		
	Jinnents.			
Food and Drink Infor				Normalizer of Elitable consideration for the
	will be served and brough	it in by Host* 🔝 Food and/o	or beverages will be catered**	Number of 5' tables needed for food:
Location of Tables for Food:				
University Approved Catere				
		vendors: <u>http://procurement</u>		nts/howto/caterers.pdf
		g served you must purchase Pe ca quidelines http://procureme		<u>ml</u> *Event host is responsible for set-up and clean-u
Event Host Contact In				
Name of Primary Contact:				
Affiliation:				
Address:				
Office Phone:	E-mail (rec	uired):		
Digital Signature of person	responsible for SSB space	and/or equipment Date:	*This area shou	uld be completed by a SIU full-time staff or faculty meml
			This drea shou	and be completed by a SIO full-time start of faculty memi
Reservation Contacts				
SSB Welcome Desk - 4	153-3300 - ssbsched	uling@siu.edu		
For Office Use Only: Signature of personnel appr	oving request	Date:		
Signature of personnel appr	oving request	Date: Ente	ered in Outlook Calendar: Sca	nned/E-mailed Confirmation:
*Concellations during			ulau ta tha cuant of las	
requests may be dec			nor to the event. If lat	e or no notice is given, future reservation
requests may be dec		ning group.		