

Cleveland State University

Department of Conference Services

2121 Euclid Avenue – UC 2

Cleveland, OH 44115

Phone: (216) 523-7203 or (216) 687-2268

Fax: (216) 687-5545



Facilities Reservation Form

This form must be completed, signed, and submitted to Conference Services a **minimum of 10 working days** prior to the event.

Visit www.CSUOhio.edu/conferenceservices for facility policies and pricing information.

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 _____

DEPARTMENT _____

ORGANIZATION _____ PHONE _____

DO NOT PUBLISH ON WEB VIEWER RESPONSIBLE / REQUESTOR _____

| 1. | 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 |
| 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?

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

| Equipment Requested | Qty. |
|---------------------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Special Instructions

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 _____