

CLEVELAND STATE UNIVERSITY DEPARTMENT OF CONFERENCE SERVICES

EXTERNAL BOOKING APPLICATION

CONTACT INFORMATION

TODAY'S DATE

COMPANY NAME OR CSU DEPARTMENT

CONTACT NAME OR REQUESTOR

CONTACT TITLE

DAYTIME PHONE

CELL

FAX

EMAIL ADDRESS

BUSINESS ADDRESS

CITY

STATE

ZIP

METHOD OF PAYMENT

☐ *Business Check*

☐ *Money Order*

☐ *Wire Transfer*

☐ *CSU Account Number*

UPCOMING EVENT INFORMATION

DATE

START TIME

END TIME

TYPE OF EVENT

☐ *Meeting*

☐ *Conference*

☐ *Reception*

☐ *Banquet*

☐ *Expo*

☐ *Other*

EVENT NAME

FEATURED SPEAKER(S) / VIP(S)

NUMBER OF ATTENDEES

FACILITY / SPACE REQUESTED

PARKING

☐ *Client's Expense*

☐ *Guest Expense*

ADDITIONAL DETAILS

ROOM SET-UP

ROOM SETUP

☐ *Theater*

☐ *Hollow Square*

☐ *Rounds*

☐ *Classroom*

☐ *Standing Reception*

☐ *Other*

AUDIO VISUAL NEEDS

SOUND SYSTEM

LAPEL MIC

LCD PROJECTOR

TV

INTERNET

MARKERS/ PAD

PODIUM

WIRELESS MIC

SLIDE REMOTE

DVD PLAYER

FLIP CHART

EASELS

MICROPHONE

SCREEN

CD PLAYER

STAGE

CATERING

CATERING REQUESTED?

☐ YES

☐ NO

SERVING ALCOHOL?

☐ YES

☐ NO

PLEASE NOTE IF YOU WISH TO BRING IN OUTSIDE CATERING, IT MUST BE APPROVED VIA WAIVER FROM CSU DINING

ADDITIONAL INFORMATION

Directions:

1. Fill out the form electronically in Acrobat Reader
2. Save the file: Go to File/Save As within the top menu bar of Acrobat Reader
3. After saving, please email it to Michelle Schilling at m.l.schilling@csuohio.edu
4. Or print and fax to 216.687.5450