

# 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 Rololfo Pagsanjan at [r.pagsanjan@csuohio.edu](mailto:r.pagsanjan@csuohio.edu)
4. Or print and fax to 216.687.5545