



The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK

The College at Brockport Room Reservation Form

Completed form must be submitted to _____ at least 14 days in advance.
(Department)

**** Please note that form reserves space, but does not approve the event****

Event Basic Information

Sponsoring Organization/Department: _____

Person(s) Responsible for Event (must be present at event): _____ / _____

Contact's Phone: _____ Email: _____

Event Name: _____

Event Date: _____ If this event occurs regularly please see "Additional Dates"

Building Requested: _____ Room: _____

Location Second Choice: _____

Event Start Time: _____ Event End Time: _____

Would you like your event to appear on the Web? Yes _____ No _____

If Yes, please provide the description _____

Catering

Is catering required ___ Y ___ N

Is extra time needed for food set-up ___ Y ___ N

To make food arrangements please contact BASC at 395-2379.

Equipment/Services Requested

Contact is liable for loss and/or damage to furniture or equipment

Room Furniture:

- ___ # of Chairs
- ___ Tables
 - ___ # 6' rectangle
 - ___ # round
- ___ Podium(s)
- ___ Risers
 - ___ # 8"
 - ___ # 16" with stairs
 - ___ # 32" with stairs
- ___ Trash Barrels
- ___ White Sign Stands
- ___ Table-top Stands
- ___ Easel
- ___ Dividers
- ___ Stantions

Electronics:

- ___ Microphones
 - ___ # Corded
 - ___ # Cordless
- ___ Overhead Screen
- ___ Laptop
- ___ LCD Projector
- ___ Speakers
- ___ Internet Access
- ___ Sound System
- ___ TV/VCR/DVD/CD (please circle)

Additional Dates

Please identify the other dates if your event is reoccurring
Repeated dates can be submitted but are not always guaranteed

Date: _____ Date: _____

Date: _____ Date: _____

Date: _____ Date: _____

Date: _____ Date: _____

Is the set-up the same for each of these dates? Yes ___ No ___
If no, please describe:

Invited Guests

Please identify those who are invited to attend or speak at event

Total Number of Expected Guests _____

- ___ President/Provost
- ___ Faculty
- ___ Staff
- ___ Students
- ___ Outside Guests/General Public

If yes please see Parking Information

Please identify below those who are speaking and attach an event program:

Parking Services

If expecting off campus guests, parking arrangements must be made. Please complete the Visitor Pass Request form online at www.basc1.com/parking

Event Type

- Class/Workshop/Seminar
- Conference
- Lecture
- Meeting
- Reception
- Special Event
- Other:

Set Up

- Room as is
- Banquet (rounds of 8)
- Conference (rectangle)
- Conference (U shaped)
- Empty Room
- Classroom Style
- Reception
- Theater/Audience Style
- Other:

- Extra time needed for setup/take down

Room Space

Please sketch the set-up of all room layouts
Feel free to attach diagram

For Office Use Only Event Details/Additional Information

For Office Use Only

- Date reservation received: _____ Initials: _____
Date
- Approved for space: _____ Initials: _____
Date
- Event placed on web: _____ Initials: _____
Date
- Copies/Email/ Scans Sent: _____ Initials: _____
Date
- Date of pre-event mtg: _____ Initials: _____
Date
- Date of post-event mtg: _____ Initials: _____
Date

Contact Signature

I have read the policies governing the service, equipment, and facilities requested. I understand them and accept responsibility for my organization/department to adhere to the regulations.

Person Responsible for the Event (Must be present throughout event) Date

College Advisor (Dean or VP if Required) Date

Note: Reservation requests are not confirmed until all necessary signatures are obtained, information submitted and this reservation is approved by the overseeing office.

Policies for space reservation can be found at:
<http://www.brockport.edu/campuslife/about/reservations.html>