



# Temple University Fort Washington

## —Special Event Request Form—

Fax: 267-468-8506

**Note:** Please submit this form at least seven working days prior to the event. Your request cannot be processed unless both pages of this form are completed in full. All reservations are subject to availability, and, therefore, they are not guaranteed. Please do not assume that your request has been granted unless you receive a confirmation notice. If you need to cancel an event, please contact Larry O'Reilly at **267-468-8507** or **loreilly@temple.edu** at least two working days before the event. Finally, please note that the sponsoring budget unit listed below may be charged \$35.00 per hour. For details about this charge, please see the **Billing for After-Hours Events** link at <http://www.temple.edu/cs/policies>.

**\* Contact Information \***

**Requester**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Sponsoring Budget Unit Head**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Account Number: \_\_\_\_\_ Authorizing Signature: \_\_\_\_\_

**Event Leader/Coordinator**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Event Presenter(s)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\* Event Information \***

Event title: \_\_\_\_\_ Estimated number of attendees: \_\_\_\_\_

Dates requested:\* \_\_\_\_\_

Building and/or rooms requested:\* \_\_\_\_\_

**\*Note:** Please include details on page 2 of this form.

**\* Refreshments \***

Refreshments will \_\_\_ will not \_\_\_ be served.\*\*

What refreshments will be served? \_\_\_\_\_

**\*\*Note:** If food will be served, you must order it from the University's food service caterer, Sodexo, at 215-204-6789. Also, in order to have the room cleaned immediately after the event, you need to submit a work order form to Facilities Management at least seven days before the event.

**\* Equipment \***

Equipment will be made available only if you have been trained in its use.  
Please check all of the equipment that you plan to use.

Smart classroom \_\_\_\_

Smart cart \_\_\_\_

Computer:

    Bringing own laptop \_\_\_\_

    PC \_\_\_\_

    Mac \_\_\_\_

    Computers have Office. If you need additional software, please list it on the line below.

\_\_\_\_\_  
Flash Drive \_\_\_\_

Projector for computer \_\_\_\_

Internet \_\_\_\_

Audio (CD player, DVD, and sound effects) \_\_\_\_

VCR \_\_\_\_

Audio:

    Microphones and speakers \_\_\_\_ How many will you need? \_\_\_\_

    CD player \_\_\_\_

Document camera \_\_\_\_

Projector:

    Overhead \_\_\_\_

    Slide \_\_\_\_

Other: \_\_\_\_\_

In the space below, please provide additional information about the required media.

\_\_\_\_\_  
\_\_\_\_\_

**\* Event Dates/Location \***

<b>Date</b>	<b>Starting time</b>	<b>Ending time</b>	<b>Building/room</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**For Office Use Only**

Reservation number: \_\_\_\_\_ Confirmed building/room: \_\_\_\_\_ / \_\_\_\_\_

Contacted: \_\_\_\_\_ Confirmed by: \_\_\_\_\_