

-Special Event Request Form-

PLEASE READ: Please submit this form at least 10-working days prior to the event. Your request cannot be processed unless both pages of this form are completed in full. All requests are subject to availability. **Once your request has been processed you will receive a confirmation via email.** Please do not assume that your request has been granted unless you receive a confirmation notice. **If you need to cancel an event, please send an e-mail at least 2-working days before the event to classrms@temple.edu.**

Finally, please note that the sponsoring budget unit, listed below, may be charged \$35.00 per hour. For details about this charge, please go to <http://www.temple.edu/cs/policies/billing.htm>. If you need assistance completing this form please contact 215-204-1297.

Event Information

Event Title: _____ Estimated number of attendees: _____
 Today's Date: _____

Event Dates/Locations

Date	Start Time	End Time	Requested Room <i>(if any)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Set-up and/or clean-up time must be included, if required.

Contact Information

Requester

Name: _____ Department: _____
 Email: _____ Telephone: _____

Sponsoring Budget Unit Head

Name: _____ Department: _____
 FOAPAL: _____ - _____ - _____ Authorizing Signature: _____
 Emails: _____

Note: The FOAPAL should be entered as a 6-digit fund number, 5-digit organization number, and 2-digit program number.

Event Leader/Coordinator

Name: _____ Department: _____
 Email: _____ Telephone: _____

Equipment

Equipment will be made available only if you have been trained in its use. If you need training, please indicate on what equipment _____

Please check all of the equipment you plan to use:

Computers

(1) 1 computer for instructor (Smartroom) _____

(2) Computer lab for each attendee

PC _____ or Mac _____

Computers have Microsoft Office. If you need additional software, please list it below:

(3) Bringing own laptop _____

Note: If you need to connect to the Internet from YOUR laptop, check here _____

Other Equipment **Note: All smart rooms have a projector and a PC.**

(1) VCR _____ DVD _____

(2) Audio: All of the PC's can play audio CD's and have either a DVD drive or software on the PC. Most smart rooms also have a separate DVD player.

Speakers are installed in smart rooms.

(3) Microphones: Indicate number needed: Wired _____ Wireless _____

Additional microphones subject to availability

(4) Document Camera _____

(5) Other media equipment (please explain clearly): _____

****Note: If tables are required or you have other special needs, contact Facilities Management at least 10 working days prior to the event.**

Refreshments

Refreshments will _____ will not _____ 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 should submit a work order to Facilities Management at least 10-working days before the event.**

* FOR OFFICE USE ONLY *

Reservation Number: _____

Contacted: _____

Date: _____

Confirmed building/room: _____

Confirmed by: _____