

Please complete this form to request a facility reservation for <u>University Events</u> and <u>University Meetings ONLY</u> . Please return the form via email to eventservices@coppin.edu. PLEASE NOTE: A SUBMITTED REQUEST DOES NOT CONSTITUTE AN APPROVAL TO USE SPACE. PLEASE WAIT FOR		
EVENT CONFIRMATION BEFORE MOVING FORWARD	WITH YOUR EVENT PLANS. Once received, Events & Conference Services will process your requi- lditional cost associated with event will be charged to the department the Monday prior to the event da	
Sponsoring Department/Organization and Divisio	1:	
Event Point of Contact:		-
Contact Number:	Email Address:	
Name of Event & Event Description		
Is this event being held for Coppin constituents O Is this event in partnership with a NON-CSU Dep If YES, what is the name of the Organization?		
Event Date:	Estimated number of attendees:	-
Is there a fee to participate in the event? YES or N	0	
	f YES, please describe target audience:	
Set Up time: Event Start	'ime: Event End Time:	
Requested Space #1: Requested Space #2 (If Applicable):		
	otherwise noted, will be used in their <u>STANDARD SET-UP</u> and Floor Plan when submitting this form to ECS.	
Audio Visual: ( <b>Choose One</b> ) AV Package 1 (Laptop, projector, and screen) AV Package 2 (Laptop, projector, screen, microp AV Package 3 (Laptop, projector, screen, microp	one, and podium	
	<i>Dining Services</i> . Please call 410-951-1229 or email istance. All events serving food are subject to additional housekeeping charges.	
Are any outside visitors attending this event? YE Please contact Parking Services to coordinate you		_
I authorize the event listed above and affirm that necessary charges associated with the execution of	complies with CSU Campus Space Usage Policies. I authorize billing for all this University event.	
PeopleSoft Account Information		
Manager/Director/Chair Signature Here (required	: Date:	

Division AVP/VP Signature Here (required): \_\_\_\_\_ Date: \_\_\_\_\_