



UNIVERSITY DEPARTMENT ORGANIZATION RESERVATION REQUEST FORM

Please submit this form **at least 7-10 business days prior** to your event.
Our office cannot guarantee staff or services for forms submitted past this deadline.
*** Reservations are NOT reviewed without a signature.**

GENERAL INFORMATION

Please include contact info (name and email) of the individual(s) who will be present at the actual event.

Department Name: _____	Please briefly describe your event: _____
_____	_____
Contact Name: _____	_____
Phone Number: _____	_____
_____	_____
Email: _____	_____
_____	_____
Department Address: _____	_____
_____	_____

EVENT INFORMATION

Date of Event(s): _____
 * If this is a recurring event, please provide explanation. Ed. Every Friday for the semester, first Friday of each month, etc.

Event Start Time: _____ Event End Time: _____
 Setup Time: _____ Breakdown Time: _____
 * Please check building hours and include a sufficient amount of time for setup and breakdown, especially for large events.

Space Preference: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Type of Event (meeting, conference, dinner, etc.): _____ Event Title: _____

UV or other equipment: _____
 (Ex. Overhead, Video Projector, TV/VCR/DVD, Screen, etc.)

Estimated Attendance: _____ (Security request form may be necessary)

Will there be food at this event: _____ (Food permit may be required)
 **Please visit our website at www.studentunions.buffalo.edu for the Student Union Policies & Procedures. If you are serving or selling food/refreshments that are NOT being ordered through campus catering (Campus Dining & Shops), it is MANDATORY that you complete an Environmental, Health & Safety Service Food Application. Please contact Liz McGrath or Johnny Garcia at 645-2055 (eam25@buffalo.edu or jrgarcia@buffalo.edu) to obtain an application.

STATEMENT OF RESPONSIBILITY: I, _____, as the individual to be contacted for any matters and questions concerning this request, do hereby agree to accept responsibility for this event. I agree to adhere to the assurance that the facility requested will be used as stated in the request, that reasonable care will be taken to keep the event orderly, and that reasonable care will be taken to enforce the rules and regulations of the University at Buffalo.

***** CANCELLATION POLICY:** Cancellations MUST be made no later than 48 hours prior to the scheduled event. Groups who fail to cancel their reservation within that time frame, will be billed for any applicable charges.

Please note that this form does not guarantee services. You will be contacted via email once services are confirmed.

Signature of Sponsor: _____ Date: _____

OFFICE USE ONLY

Date of Review: _____ Reviewed by: _____
() Confirmed () Denied Notes: _____