FAU STUDENT UNION EVENT REQUEST FORM - EXTERNAL CLIENTS

Organization Name: ____________________________________________________________

☐ Commercial  ☐ Non Profit (5013C required)  ☐ Tax Exempt (DR 14 required)

Organization Address: ________________________________________________________

Requestor Name: __________________________ Requestor Phone: __________________ Requestor Email: __________________________

Event Name: ________________________________________________________________ Event Date: __________________________

Reservation Start: __________________ Event Start: __________________ Event End: ____________ Reservation End: ____________

Facility management reserves the right to adjust setup and clean-up to accommodate usage needs.

If this is a series, please list other dates that event will occur

Please give a detailed description of your event.

Proposed Location: __________________________ **Requested room may not be available. A comparable room may be substituted.**

# of FAU attendees: ______ # of Non-FAU attendees______ Total Attendees ________

Please provide as close an estimate as possible to aid in determining the appropriate location for your event.

Event Details: Check all that may apply during this event

Food/Beverages ☐ Chartwells ☐ Food Waiver* Must be approved by Business Services 561-297-4041 and EH&S 561-297-3829

☐ Media/Press Involved ☐ Fundraiser ☐ Tickets to be sold ☐ Merchandise to be sold ☐ Donations will be accepted

☐ Alcohol * Events/Programs involving alcohol must be submitted a minimum of 21 business days in advance

Please list any VIPs or Special Guests that are expected to be in attendance:

Please list any co-sponsoring organizations:

Setup and Equipment Needs:

Setup Style: ☐ Banquet ☐ Classroom ☐ Lecture ☐ Theatre ☐ Exhibit ☐ Conference

Equipment:

☐ Stage ☐ Podium ☐ Dry Erase Board w/Markers ☐ Chairs – Quantity _____ ☐ Classroom Tables – Quantity _____

☐ 6ft. Tables – Quantity _____ ☐ Round Tables – Quantity _____ ☐ High Top Tables – Quantity _____ ☐ Other–________

Audio/Video Equipment:

☐ Corded Microphone – Quantity _____ ☐ Wireless Microphone – Quantity _____ ☐ Projector ☐ Laptop ☐ Projection screen

☐ Laptop – Speakers ☐ TV/DVD Player ☐ Stereo/CD Player ☐ Other–________

Signatures of Approval and Acknowledgement:

Non-FAU Requestor Signature and Date ____________________________ Student Union Acknowledgement Signature and Date ____________________________