FAU STUDENT UNION DEPARTMENT EVENT REQUEST FORM Date Received: Department: ____ EMS# Requestor: ___ Requestor FAU E-mail: Requestor Phone: 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. Open - This is open to all, including Non-FAU attendees Closed - This event will be open ONLY to FAU attendees **Requested room may not be available. A comparable room may be substituted. Proposed Location: # 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:

Authorized Budget Signature and Date

Student Union Acknowledgement Signature and Date