LOYOLA UNIVERSITY EVENT SERVICES
EVENT RESERVATION REQUEST

Please complete this form and return it to Event Services:
OFFICE: NTE 04 | FAX: X2211 | SCAN: events@loyola.edu

Requests are not officially reserved until a confirmation is generated by Event Services and received by the Event Requestor.

CONTACT INFORMATION

Name:	Phone:
Sponsoring Department:	Loyola E-Mail:

EVENT INFORMATION

Event Title:	
Event Type (*circle one*): Meeting Info/Promo Table Social Lecture Meal Other:	
Event Date(s):	Inclement Weather Date:
Event Start Time: am/pm (*circle one*)	Additional Time Needed for Setup:
Event End Time: am/pm (*circle one*)	Additional Time Needed for Breakdown:

LOCATION

Requested Location(s):	Estimated Attendance:
Inclement Weather Location(s):	
Food (*circle one*): None Evergreen Catering Own Food Other:	
Setup (*please indicate the requested setup – round tables, lecture style, etc*):	

TECHNOLOGY NEEDS

Media Presentation	Computer Needed	Bringing own laptop? MAC / PC	Conference Phone	Podium & Microphone	Videotape Event

Presentation Source? DVD / Blu Ray Disc / USB / saved to network / own laptop / other:	Other:

Evergreen Card Reader Account# __ __ - __ __ __ __ __ __ __ __ __ - __ __ __ __ __ __ __ (18 digits)

ADDITIONAL INFORMATION

Are classes required to attend?	Expecting off-campus guests?
Are classes offered extra credit to attend?	Is there a contract or rider for this event?
Is the event ticketed?	Is paid admission required to attend?

SIGNATURES

I, the undersigned, understand that I am responsible for all aspects of this activity, including restitution for any damage incurred as a result of this event. I understand the general procedures for the conduct of Loyola University as well as the policies specific to the facility to be used and agree to comply.

Requestor Name:	Requestor Signature:
Advisor/Moderator Name:	Advisor/Moderator Signature:
Sponsoring Dept. Rep. Name:	Sponsoring Dept. Rep. Signature:
Date received in sponsoring dept. office:	Date faxed/scanned to Event Services:

FOR EVENT SERVICES OFFICE USE ONLY

Date:	Time:	Call Sign: