

# LOYOLA UNIVERSITY EVENT SERVICES EVENT RESERVATION REQUEST

Please complete this form and return it to Event Services:  
OFFICE: NEWMAN TOWERS EAST 04 | 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 ( <i>circle one</i> ):	Meeting	Info/Promo Table	Social	Lecture	Meal	Other:
Event Date(s):	Inclement Weather Date:					
Event Start Time:	am/pm ( <i>circle one</i> )			Additional Time Needed for Setup:		
Event End Time:	am/pm ( <i>circle one</i> )			Additional Time Needed for Breakdown:		

## LOCATION

Requested Location(s):	Estimated Attendance:
Inclement Weather Location(s):	
Food: Will food be provided at this event? Yes / No If yes, please contact Evergreen Catering at (410) 617-5858 or catering@loyola.edu	
Setup ( <i>please indicate the requested setup – round tables, lecture style, etc</i> ):	

## 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:
-------	-------	------------