• Please use a separate form for each type of reservation request.
• Requests must be made at least 5 working prior to the date of use and will only be accepted for the current semester.
• Only Student Association recognized student organizations, in good standing, and university departments can reserve space on campus. Space may not be used to “front” outside commercial vendors.
• Tables: Organizations are allowed to reserve a table a maximum of 5 days in any one month. Only 2 tables may be reserved on any one day, but each must be in a different building. The person(s) staffing the table must be from the Student Organization indicated below. Any reference to alcohol is not appropriate for fundraising purposes.
• Rooms: Please be aware that an account number is required when reserving a Smart Room. Provost guidelines must be followed when using rooms and rooms must be left in their original set up.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Applicant's Name</th>
<th>Applicant's Phone</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Account Holder or Treasurer's Name</th>
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<table>
<thead>
<tr>
<th>Organization's Cost Center or Account Number</th>
<th>Applicant’s Z ID</th>
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**Date(s) Requested**

<table>
<thead>
<tr>
<th>Start Time</th>
<th>End Time</th>
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<tbody>
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</tbody>
</table>

**Table Request**

circle preference below
- DuSable Informational Table
- DuSable Fundraising Table
- Wirtz Table

**Room Request**

circle preferences below
- DuSable
- Reavis Standard
- Faraday OR
- McMurry Smart
- Wirtz

**Purpose:** Promotional, bake sale, meeting, speaker, etc.)

**Number of Guests:** (That you anticipate.)

PLEASE NOTE: This is only a request and not a contract for your space.

If your request is approved, a contract will be emailed to you. Please review, sign, and return the contract to our office. Cancellations should be made at least 2 business days prior to the event to avoid charges for services.

Applicant’s Signature ___________________________ Date ______________

Applicant’s email (Z ID or GroupWise ONLY) ___________________________

Advisor’s Signature (In signing this request, you agree that you and your organization will abide by the Guidelines for Use of General Purpose Smart Classrooms set by the Provost office.) ___________________________ Date ______________

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For Office Use Only
Organization Recognition Verified By: ___________________________ Date Received: ___________________________
Last updated: 22FEB2016