Wilson Commons Reservation Request Form

Contact Information (*everyone must fill out this section*)
Sponsoring Organization or Department: _____________________________________________
Your Name: ___________________________________________________________________
Your Phone Number: __________________________ E-Mail: ___________________________

Banner and Information Table Requests
*Note: Banners and information tables may only be reserved for a maximum of eight (8) consecutive days. This form cannot be used for Flex/URos wedge or location requests.*
[ ] Banner [ ] Information Table *Flex/URos request forms are available at the Common Connection.*
Title of Event Being Advertised: __________________________________________________
Begin Date: ___________________________ End Date: ___________________________
Information Table Time Blocks (multiple blocks can be selected): [ ] 9am-2pm [ ] 2pm-7pm [ ] 7pm-12am

Room Requests
ALL REQUESTS (*everyone must fill out this section, whether your event is one-time or recurring*)
Event Time: _________________________ am/pm Until: _________________________ am/pm
Reservation Time: _________________________ am/pm Until: _________________________ am/pm
*The “Event Time” is the time of the actual event; the “Reservation Time” is the time you would like the room reserved. For example, if you need set-up and clean-up time. If times are flexible feel free to list alternative times as well.*
Title of Event: ___________________________________________ Estimated Attendance: ______
Event Location Preferences: 1. ____________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________

ONE-TIME REQUESTS (*only fill out this section if you have a one-time event*)
Event Day and Date: ____________________________ (if flexible, please list alternative dates in order of preference)

WEEKLY/RECURRING REQUESTS (*only complete this section if reserving a room for a series of weeks*)
Please check day:[ ] Mon [ ] Tues [ ] Wed [ ] Thurs [ ] Fri [ ] Sat [ ] Sun
Is this request for: First Semester / Second Semester / Both (circle one)
OR: Start Date: ___________________________ End Date: ___________________________
AUDIO / VISUAL AND OTHER SET-UP NEEDS

Please check each item needed below. More complex set-ups requiring equipment not listed below or set-ups involving serveral pieces of equipment should be arranged directly with Event Support (585-275-2333). Diagrams are helpful.

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<table>
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<tbody>
<tr>
<td>[ ] Lectern</td>
<td>[ ] Lectern with Microphone</td>
<td>[ ] TV with VCR / DVD</td>
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<tr>
<td>[ ] Film Screening</td>
<td>[ ] Computer Projection (PC)</td>
<td>[ ] Computer Projection (Mac)</td>
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<td>[ ] Performance or Party (you MUST contact Event Support at 275 - 2333)</td>
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<td>[ ] Other: ***Please schedule a meeting with Event Support</td>
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Your event will be set 30 minutes before your event is scheduled to begin. If you have special needs, please contact Event Support a minimum of 15 days in advance of the event for proper set-up. A late request fee may be imposed for any Event Support services that are requested less than 8 days in advance of the event.

**FOOD**: If there will be food at an event, consult with your advisor and adhere to the guidelines listed at: http://www.safety.rochester.edu/sanit/sanhome.html

**ADDITIONAL NOTES**: