

## -Special Event Request Form-

**PLEASE READ:** Please submit this form at least **10-working days** prior to the event. Your request cannot be processed unless both pages of this form are completed in full. All requests are subject to availability. **Once your request has been processed you will receive a confirmation via email.** Please do not assume that your request has been granted unless you receive a confirmation notice. **If you need to cancel an event, please send an e-mail at least 2-working days before the event to [classrms@temple.edu](mailto:classrms@temple.edu).**

Finally, please note that the sponsoring budget unit, listed below, may be charged \$40.00 per hour. For details about this charge, please go to <https://computerservices.temple.edu/rates#2207>. If you need assistance completing this form please contact 215-204-1297.

### EVENT INFORMATION

Event Title: \_\_\_\_\_

Estimated number of attendees: \_\_\_\_\_ Today's Date: \_\_\_\_\_

#### Event Dates/Locations

| Date  | Start Time | End Time | Requested Room (if any) |
|-------|------------|----------|-------------------------|
| _____ | _____      | _____    | _____                   |
| _____ | _____      | _____    | _____                   |
| _____ | _____      | _____    | _____                   |
| _____ | _____      | _____    | _____                   |

**Note: Set-up and/or clean-up time must be included, if required.**

### CONTACT INFORMATION

#### **Requester**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### **Event Leader/Coordinator**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### **Sponsoring Budget Unit Head**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ FOAPAL: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_

**Note:** The FOAPAL should be entered as a 6-digit fund number, 5-digit organization number, and 2-digit program number.

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### EQUIPMENT

Equipment will be made available only if you have been trained in its use. If you need training, please indicate on what equipment \_\_\_\_\_

Please check all of the equipment you plan to use:

#### **Computers**

(1) One computer for instructor (Smartroom) \_\_\_\_\_

(2) Computer lab for each attendee: PC \_\_\_\_\_ or Mac \_\_\_\_\_

*Computers have Microsoft Office. If you need additional software, please list it below:*

(3) Bringing own laptop \_\_\_\_\_

Note: If you need to connect to the Internet from YOUR laptop, check here \_\_\_\_\_

#### **Other Equipment\* Note: All smart rooms have a projector and a PC.**

(1) VCR \_\_\_\_\_ DVD \_\_\_\_\_

(2) Audio: All of the PC's can play audio CD's and have either a DVD drive or software on the PC. Most smart rooms also have a separate DVD player. Speakers are installed in smart rooms.

(3) Microphones: Indicate number needed: Wired \_\_\_\_\_ Wireless \_\_\_\_\_

*Additional microphones subject to availability*

(4) Document Camera \_\_\_\_\_

(5) Other media equipment (please explain clearly): \_\_\_\_\_

**\*Note: If tables are required or you have other special needs, you should submit a work order to Facilities Management at least 10 working days prior to the event.**

### REFRESHMENTS

Refreshments will \_\_\_\_\_ will not \_\_\_\_\_ be served. \*\*

**\*\* Note: If food will be served, you must order it from the University's food service caterer, Sodexo at (215) 204-6789. Also, in order to have the room cleaned immediately after the event, you should submit a work order to Facilities Management at least 10-working days prior to the event.**

### \* FOR OFFICE USE ONLY \*

Reservation

Number:

Contacted: \_\_\_\_\_

Date: \_\_\_\_\_

Confirmed \_\_\_\_\_ building/room:

Confirmed by: \_\_\_\_\_