

EVENT REGISTRATION & FACILITY FORM
FOR NON-CFA EVENTS, USDAN, and ACADEMIC SPACE RESERVATIONS

Please Print

Today's Date ___/___/___

GENERAL INFORMATION

Organization Name _____ Account Number (required) _____

Person Hosting Event _____ Email _____

Wes ID _____ Phone # _____

EVENT INFORMATION

Description/Title of Event: _____

Date(s) of Event _____ Event Day: Mon/Tues/Wed/Thurs/Fri/Sat/Sun

Location of Event: _____

Set-Up Time _____ Event Start Time _____ Event End Time _____ Anticipated Attendance _____

To post your event on the University Calendar, go to <http://events.wesleyan.edu/> and click on "Submit an Event"

FURNITURE REQUESTS

YES ___ NO ___ If this space has existing furniture, do you plan to use it? YES ___ NO ___

Quantity	Item	Quantity	Item
___	8' rectangular table(s)	___	Lined Trash Barrels
___	6' rectangular table(s)	___	Recycling Bins
___	6' round table(s)	___	Podiums
___	5' rectangular table(s) - Usdan Center only	___	Staging - (Indicate size: 8'x4' sections)
___	Chairs	___	

Please describe formation of tables/chairs and existing furniture set-up. (Ex: Lecture style, board style, dining style. Attach diagram for complicated set-ups):

CUSTODIAL & CATERING SERVICES

Space(s) reserved for consecutive days? YES ___ NO ___

Food at event? YES ___ NO ___ If yes, please describe _____

Do you need linens for your event? YES ___ NO ___ If so, who will be providing them? _____

Please note: Events with food and rooms used for consecutive days may incur a fee for custodial cleaning services.

INSTRUCTIONAL MEDIA SERVICES REQUESTS

YES ___ NO ___ Multimedia Classroom: YES ___ NO ___

Contact Instructional Media Services at x4877 for AV Cabinet keys and instruction (except in Usdan Center).

Equipment Needed:

___ Projector/Screen
___ DVD/VCR
___ Computer/Laptop
___ CD/Tape Playback
___ Slide Projector

Microphones Needed:

Quantity
___ Wireless
___ Standing
___ Lavalier

Other: _____

Technician: Requested for set up only: ___ Requested for event duration: ___ No technician needed: ___

ADDITIONAL ELECTRICAL NEEDS

YES ___ NO ___ Name of contact for electrical needs: _____ Phone: _____

(Please note: this may be different than the contact person for the event.)

Please contact Rich Darna, Supervisor of Electricians, (x3793) to discuss these needs.

MEMORIAL CHAPEL/ZELNICK PAVILION ADDITIONAL SET-UP INFORMATION

Please note: events occurring in these spaces require registration three weeks prior to the event

All Chapel technical needs must be confirmed with Ed Chiburis (x2787).

Check if Yes	Items	Number of House Staff Required: _____
_____	Piano	Department & Position Numbers
_____	Piano Tuning	House Manager _____
		Ushers _____

ADDITIONAL FACILITY SET-UP INSTRUCTIONS

(Ex: Event Parking signs? Tents? Barricades? Outside vendors present?):

If this is an outdoor event, what is the rain site? What is your rain plan?

ADDITIONAL CONSIDERATIONS

TICKETS

Will your event be ticketed through the University Box Office? YES _____ NO _____

Please see Box Office Manager (x3355) to complete a University Box Office Ticketing Form.

CONTRACTS

Do you need to pay a performer/speaker? YES _____ NO _____

SECURITY

Will your event require security? YES ___ NO ___ If so, have you contacted Public Safety? YES _____ NO _____

PLEASE NOTE:

- o **Those who use Wesleyan facilities, including classrooms, will be billed for any damage to the facilities, grounds, furnishings, or for extra cleaning required as the result of the event.**
- o **The use of the piano at the Russell House MUST be approved by the Director of Events & Scheduling.**

SIGNATURES REQUIRED

Event Planner Signature _____ Date _____

Approval Signature: _____ Date _____

Director/Assistant Director of Student Activities & Leadership Development

Approval Signature: _____ Date _____

Budget Manager Approval (WSA Administrator, Area Coordinator, etc).

PLEASE RETURN THIS FORM TO: The Office of Student Activities & Leadership Development, Usdan 122-124

No Later Than 5 Business Days Prior To The Event.

ADDITIONAL SIGNATURES

Other Approval Signature: _____ Date _____

Other Approval Signature: _____ Date _____