



WEEKLY / BI-WEEKLY MEETING REQUEST FORM

CALIFORNIA STATE UNIVERSITY, LOS ANGELES
 5154 State University Drive, Rm # 107
 Los Angeles, CA 90032-8636
 Phone: (323) 343-2465 Fax (323) 343-2454

Requestor Information

Name of sponsoring club/organization:
 Reservation contact*:
 Phone number:
 E-mail:

Event Contact:
 Phone Number:
 E-mail:

Faculty/Staff Advisor Name:

Email:

*The Reservation Contact must be listed on the Student Organization Officer Information Form as registered by the Center for Student Involvement and their signature is required on the initial Reservation Confirmation generated by Information & Event Services at the request of this Weekly Meeting Request Form.

** The Event Contact does not have to be listed on the Student Organization Officer Information Form. The Event Contact will be able to check-in, revise, and sign for the Reservation Confirmation once it has already been signed by the Reservation Contact, but will be unable to add or change the Event Contact.

Event Information

Date	Start Time	AM	PM	End Time	AM	PM

Preferred Location:

1st choice: 2nd choice:

Preferred Room Setup:

- Theater Seating
 Classroom Seating
 Conference Seating
 Other (please specify):
 Banquet Seating
 Discussion Circle
 Reception Seating
 Estimated Attendance:

Please identify any specific equipment/AV needs:

- Smart Room
 Media Cart

List any other specific AV or equipment needs:

Decorations, special equipment or banners/signs/letters will be displayed. Yes No If so, specify what type:

Food will be served at the event.** Yes No If so, who is providing?

** Note that food is permitted in the U-SU Meeting Rooms, but not in Classrooms.

** A Food Permit and an Event Registration Form is required if food will be sold or distributed during any of the weekly meetings.

Requestor's Signature: _____ **Date:** _____



MEETING SPACE CAPACITY CHART

MEETING ROOM SETUPS ARE BASED ON ROOM CAPACITY.
FOR SPECIAL SETUPS PLEASE SEE A BUILDING SERVICES COORDINATOR.

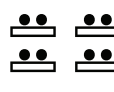
DISCUSSION
CIRCLE
SETUP



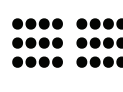
BANQUET
SETUP



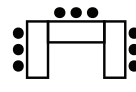
CLASSROOM
SETUP



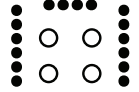
THEATRE
SETUP



CONFERENCE
SETUP



RECEPTION
SETUP



SMART ROOM	MEETING SPACE (Total Sq. Feet)	STANDARD SETUP	DISCUSSION CIRCLE SETUP	BANQUET SETUP	CLASSROOM SETUP	THEATRE SETUP	CONFERENCE SETUP	RECEPTION SETUP
●	192-Fixed Seat Theatre (3523 sq. ft.)	Theatre	n/a	n/a	n/a	192+8	n/a	n/a
●	Alhambra Room (847 sq. ft.)	n/a	30	40	26	54	20	30
	Pasadena Room (586 sq. ft.)	n/a	20	27	16	32	17	25
	Montebello Room (650 sq. ft.)	n/a	20	27	16	32	14	25
	El Monte Room (477 sq. ft.)	Conference	n/a	n/a	n/a	n/a	12	n/a
●	San Gabriel Room (845 sq. ft.)	Banquet	30	40	26	54	20	30
●	Board Room North (647 sq. ft.)	Conference	n/a	n/a	n/a	n/a	20	n/a
	Board Room South (584 sq. ft.)	Theatre	20	24	20	32	12	32
●	Board Room North/South (1231 sq. ft.)	Conference/Theatre	n/a	n/a	n/a	32	20	n/a
●	Los Angeles Room A (1129 sq. ft.)	n/a	30	50	30	70	20	44
●	Los Angeles Room B (1075 sq. ft.)	n/a	30	50	30	70	20	44
●	Los Angeles Room C (1003 sq. ft.)	n/a	30	50	30	70	20	44
	Los Angeles Room AB (2204 sq. ft.)	n/a	45	110	60	130	36	54
●	Los Angeles Room BC (2078 sq. ft.)	n/a	45	110	60	130	36	54
●	Los Angeles Room ABC (3207 sq. ft.)	n/a	60	170	90	200	54	64

Reservation Agreement

____ I understand initialing this agreement gives me the responsibility to pass this information to either the main contact or the event contact of this event.

Name: _____

____ I understand that failure to come and sign my Reservation Confirmation after 2 business days from notification, will result in an **automatic cancellation**.

____ I understand **ALL** events must be finalized **NO** later than 2 business days prior to the event date.

____ I understand if no update on reservation request is received 3 business days after submitting Request Form, it is the sponsor/department/club/organization's responsibility to follow up with our office.

____ I understand I, or my event contact, will need to present an ID in order to check-in the day of the event, and **ONLY** I or my event contact can sign and/or make changes to the reservation.

____ I understand my reservation must be canceled **2 business days** prior to the event date, or it will be considered a No-Show.

____ I understand that submitting requests less than **10 business days** in advance does not guarantee my paperwork will be processed in time.