

**IUPUI ACADEMIC SPACE REQUEST FORM  
For Student Organizations Only  
Room & Audio Visual Equipment**

- Completed forms must be returned to Campus Center Administrative Office (CE 278) or faxed to 278-0828.
  - Room confirmations are usually emailed within 3 business days; check your email for questions.
  - The Campus Center staff reserves the right to assign or reassign space to maximize usage of the building.
- **THIS FORM IS ONLY A REQUEST, EMAIL CONFIRMATIONS ARE SENT ONCE A ROOM IS RESERVED.**

**For University Rooms (BS, CA, ES, LE, IT, ET, SL, LD, and NU)**  
(For student organizations only)

**10 Business Days Advanced Request**  
*Departments must contact the Registrar's Office for space in academic buildings*

Requestor's Name: \_\_\_\_\_ ID # (required) \_\_\_\_\_

Faculty/Staff  Student Phone# \_\_\_\_\_ Email \_\_\_\_\_

Group Name: \_\_\_\_\_

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

Event Date(s): \_\_\_\_\_  
(Day of the week) (Month/Day/Year)

Reservation Time \_\_\_\_\_ TO \_\_\_\_\_ (include time needed for set-up or clean-up of your organizational materials)

Actual Event Time \_\_\_\_\_ TO \_\_\_\_\_ Number of people attending \_\_\_\_\_

What type of activity is this event (give details about event)? \_\_\_\_\_

Is this a political affiliated event? NO YES If yes, will it be open to the public? NO YES

If yes it is politically affiliated, are you aware there is a charge for room usage for activities that are politically affiliated and open to the public? NO YES

Will any money be collected for admission and/or registration? NO YES Amount: \$\_\_\_\_\_/per person

\*Will food be served? NO YES If yes, circle DONATED FOUR COURSE CATERING FOODWORKS&NO FRILLS PITCH-IN UNDER \$100

**\*No food or drink is allowed inside University classroom space.**

**FOUR COURSE CATERING IS THE ONLY APPROVED IUPUI Caterer (317-274-7566 [www.dineoncampus.com/iupui](http://www.dineoncampus.com/iupui))**

1 <sup>st</sup> Choice Space Requested	2 <sup>nd</sup> Choice Space Requested	3 <sup>rd</sup> Choice Space Requested

**TECHNOLOGY NEEDS**

**Equipment needed must be requested at least 5 business days in advance. Check all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> Media Podium (PC, DVD, Projector, Screen) | <input type="checkbox"/> Wireless handheld microphone |
| <input type="checkbox"/> Additional microphones (# _____)          | <input type="checkbox"/> Document Camera              |
| <input type="checkbox"/> Other _____                               |   |

Provide an overview of how the technology will be used:

For additional information on UITS Classroom Services, link to <http://www.uits.iupui.edu/page/amea>

I have read and agree by the policies governing the use of meeting rooms and resources as listed in the Student Code of Conduct. I certify that I am a current student, faculty, or staff member at IUPUI. I understand that submitting this form is only a request and that no reservation is final until I receive an actual confirmation. I will be responsible for the payment of any fees associated with my event (room charges, security, extra staffing, special electrical needs, damages, etc...). I am responsible for communicating policy and procedure information to my organization and guests

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Office Use:  Confirmation Sent / Attached ini. \_\_\_\_\_ Date \_\_\_\_\_ 7/10