

Student Organization Event Registration Form

Please submit this form to the Program Advising Center to reserve a room on campus. This form is to be used by students and student organizations only. Suffolk faculty and staff members should inquire with the individual office.

Name of Requestor: _____

Email: _____

Phone Number: _____

Name of Organization: _____

Name of Event: _____

Preferred Date of Event: _____

Event Start Time: _____ Event End Time: _____ Access Time (set-up/clean-up): _____

Recurring? _____ Weekly _____ Monthly

Explanation of event: _____

Room Reservation: What space would you like to reserve?

Include alternates and indicate with a "2" for second choice/ "3" third choice

- | | |
|----------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> This event is Off-Campus | <input type="checkbox"/> Archer 110 Munce Conference Room |
| <input type="checkbox"/> Donahue Café (after 7pm) | <input type="checkbox"/> Ridgeway Regan Gymnasium |
| <input type="checkbox"/> Donahue Sagan Lobby Table | <input type="checkbox"/> C. Walsh Theater |
| <input type="checkbox"/> Donahue 403 Conference Room | <input type="checkbox"/> 73 Tremont Amenities Room |
| <input type="checkbox"/> Donahue 4 th Floor Lounge | <input type="checkbox"/> Residence Hall Function Space |
| <input type="checkbox"/> Donahue 535 Meeting Room | <input type="checkbox"/> Law School Function Room |
| <input type="checkbox"/> Donahue 128 McDermott Conference Room | <input type="checkbox"/> Donahue 311 Classroom |
| <input type="checkbox"/> Sawyer Lobby Table | <input type="checkbox"/> Donahue 434 Meeting Room |
| <input type="checkbox"/> Sawyer Conference Room | <input type="checkbox"/> Any classroom |
| <input type="checkbox"/> Sawyer Lounge (after 7pm) | <input type="checkbox"/> Specific classroom: _____ |

Off-Campus Only: How are you getting there?

___ MBTA ___ Walking ___ Bus ___ Rental Vehicle ___ Other:

Anticipated Attendance: _____ (Students: _____ Guests: _____ Fac/Staff: _____)

By submitting this Function Space Reservation Request, as representative of the sponsoring organization, I have read, understand, and agree to abide by the policies pertaining to the use of campus facilities for the event(s) specified on this form. I understand that submission of this request does not guarantee approval of my event. Event space is not confirmed until you receive a confirmation from the Program Advising Center within 3-5 business days of your submission.

For office use only:

Date Received: _____

Initial: _____

Paperwork Needed for this event

Due Date: _____

Forms/Requests	Forms Needed	Dropped Off	Submitted by PA	Complete	Notes
Event Reg/Room Res	X				
Facilities Set-up					
Catering Request					
ABM Cleaning Request					
HUB Ticket Request					
Contract Cover Sheet					
General SU Contract					
C. Walsh Agreement					
Fundraising Form					
Cash Box Request					
Raffle Information Form					
Check Request (SAO)					
Purchase Order (SAO)					
Transfer Request (SAO)					
Co-Sponsorship (SAO)					

For Off-Campus Only

Forms/Requests	Forms Needed	Dropped Off	Submitted by PA	Complete	Notes
Advisor Consent Form	X				
Travel Releases					
Conference Delegate					

For PA Only

Forms/Requests	Forms Needed	Dropped Off	Submitted by PA	Complete	Notes
Advisor Contact					
SUPD/BPD Request					
Request Café Close					
Peterson's Request					