

## Student Engagement Center Ballroom Request

## Attach form to Outlook Calendar Request

Event Info:

Contact Info:	
Name	
Dept	
Office Phone	
Cell Phone	
UIW Email	

Requested Equi	oment:	
Microphones	s #	
HDMI	PC or	Mac
Laptop		
Conference	Phone	
Podium		
Stage		
Rec Tables	#	
Cafe Tables	#	(Max 6)
Clicker		

Event Name		
Event Date		
Set Up Time		
Start Time		
End Time		
lumber Attending		
Set Up Options:		
Half Ballroom	Bleachers	
Round Tables		
Chairs at each	round table	
Theater Style with _	chairs	
Tables in a Square		
		_

Food	Yes	No			
Drinks	Yes	No			
Food & Drink Provided by:					
Student Organiz Please send a scr studentcenter@ with your reserva	reenshot of you Juiwtx.edu	ır OrgSync approval to:			

	STAFF USE
I	Date Confirmed
ļ	Staff Initials