Organization Name: ___________________________ Date Filed: ________________________

List any other event partners: ___________________________

Title of Event: ___________________________

Event Details: ___________________________

Please list alternative dates or locations in case your first choice is not available.

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Hours From</th>
<th>Hours To</th>
<th>Estimated # of Attendees</th>
<th># of Seats Needed</th>
<th>Need IT Equip? Y/N</th>
<th>Requested Space(s)</th>
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Total number of rooms requested: ___________________________

The Facility Request is confirmed via email from the appropriate facility.

☐ Y ☐ N 1. Will there be an admission charge, entry fee, sale of items or money generated in relation to this event? Organizations are required to deposit any such funds into their Organization Fund Account. Please complete the Event Budget Form and attach to this request.

☐ Y ☐ N 2. Is this event a fund-raiser for Charity? If yes, name of Charity: ___________________________

☐ Y ☐ N 3. Will there be a non-UIUC affiliated speaker/performer? If yes, provide name: ___________________________

☐ Y ☐ N 4. Will there be any non-UIUC individuals attending or invited to this event? If yes, what is the estimated percentage?

☐ Y ☐ N 5. Do you plan to serve or distribute food/drink? If yes, describe type of food and who will serve: ___________________________

☐ Y ☐ N 6. Do you need special set-up? (Alterations of facilities, need for equipment or services such as tables, audio-visual/multi-media, microphones, etc.) If yes, please describe set-up needs and draw/attach a diagram if applicable:

Org Fund Acct: ___________________________

An account number must be provided if charges will be incurred for the space reservation.

The sponsoring group is responsible for adhering to all University policies, federal and state laws, and city ordinances. The facility has a right to assess fees for any damages.

Signature of Authorized Agent: ___________________________

UIN: ___________________________

Event Contact Person: ___________________________

Illinois Email: ___________________________

Contact Phone: ___________________________

Do Not Write Below This Line (For Office Use Only)

Reservation ID: ___________________________

RO Office Approval: ___________________________

Date: ___________________________

Facility Approval: ___________________________

Date: ___________________________