

FACILITIES USAGE REQUEST Outside Organizations or Individuals

Date of Request:

ORGANIZATION / INDIVIDUAL INFORMATION				
Name of Organization / Individ	lual:			
Description of Organization: _				
Is this a non-profit 501 (C) (3)	? ce Yes ce l	No		
Phone Number: ()			_ Fax Number: ()
Address:				
Contact Name:				
Contact Title:				
Phone Number: ()			_ Email address: _	
EVENT INFORMATION				
Actual time of event Clean-up 3. Description or purpose of e	from	to to to		
4. Description of proposed ad event must be approved by So				marketing material related to the
5. a. Anticipated number of guests:				
b. Anticipated number of cars requiring parking:				
6. Are you requesting permission to serve alcoholic beverages?				
7. Will food be served? Ce Yes Ce No				

Please note that only Southwestern Law School's caterer is approved to provide catering services for events. Further information pertaining to catering services will be provided upon approval of the event.

8. Type of set-up that best describes your event needs:

œ Classroom setting / theater-style seating

™ Theater-style seating in a formal non-classroom setting

œ Multiple classrooms

œ Conference Room

œ Seminar Room

@ Cocktail Reception

© Buffet Dinner Reception

œ Sit-Down Dinner Reception

© Other (note details below)

9. Audio-visual needs: PowerPoint Presentation? **@** Yes **@** No Presentation using DVD? **@** Yes **@** No

If your answer is yes to either question above, please answer the following:

Does your presentation have sound? **@** Yes **@** No

Do you need any of the following equipment:

Microphone(s) OP Yes OP No

Other **©** Yes (If yes, please describe needs below)

10. Will there be music included at your event? OP Yes