

FACILITIES USAGE REQUEST Outside Organizations or Individuals

Date of Request:				
ORGANIZATION / INDIVIDUAL INFORMATION				
Name of Organization / Individ	ual:			
Description of Organization: _				
Is this a non-profit 501 (C) (3)?	OCE Yes OCE	No		
Phone Number: ()		Fax Number: ()		
Address:				
Contact Name:				
Contact Title:				
		Email address:		
	E	EVENT INFORMATION		
Actual time of event	from	to to		
Clean-up		to		
3. Description or purpose of e	/ent:			
4. Description of proposed ad- event must be approved by Sc		dvertising, invitations or any other marketing material related to the rior to their dissemination.		
5. a. Anticipated number of gu b. Anticipated number of ca				
6. Are you requesting permiss	ion to serve ald	Icoholic beverages? CP Yes CP No		
7. Will food be served? OP Yes OP 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:		
Classroom setting / theater-style seating	Cocktail Reception Coe Buffet Dinner Reception Coe Sit-Down Dinner Reception Coe Other (note details below)	
œ Theater-style seating in a formal non-classroom setting		
œ Multiple classrooms		
œ Conference Room		
OE Seminar Room		
9. Audio-visual needs: PowerPoint Presentation? OP Yes OP No	Presentation using DVD? OP Yes OP No	
If your answer is yes to either question above, please answer the follo	ũ	
Will you bring your own laptop with pre-loaded power point p	presentation? CE Yes CE No	
Does your presentation have sound? OP Yes OP No		
Do you need internet connection? CE Yes CE No		
Do you need any of the following equipment:		
Microphone(s) CE Yes CE No		
Document camera CP Yes CP No		

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

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