Event/Room Booking Request Form

INTERNAL/CAMPUS CLIENTS

Use TAB to move between the fields (if you hit ENTER, then hit BACKSPACE to undo)

Name of user group/department: ______
Event title: ______ Date(s) of event: ______ – ______
Contact name: ______ Department: ______
Phone: ______ Mobile: ______ Fax: ______ Email: ______

Time of access for setup: ______ AM Time attendees will arrive: ______ PM
Start time: ______ AM End time: ______ PM
Convo offered? YES Anticipated attendance: ______
Will food be served? NO Have you contacted catering? NO x6380
Do you need reserved/VIP parking spaces? YES How many? 2 What time? 8:00 AM – ______ (select)
Room(s) requested: ______

Equipment (please list quantity)*:

___ 60” Round tables ___ 30” X 72” tables ___ 16” X 72” tables ___ Chairs
___ Table Skirting ___ Podium ___ Easels (for room and directions to room)
___ Handheld microphone ___ Lavaliere microphone ___ Direct Box ___ Linens
___ Flipcharts ___ Dry-erase markers ___ Power Point ___ DVD/VHS
___ Projector (LCD): ___ Front projection ___ Rear projection ___ Transparency
___ Projector screens: ___ Freestanding ___ Fast Fold screen/ dress kit/size (____)
___ Pipe & Drape Other: ______

Equipment you will be bringing: ______
Do you need to connect a projector to the sound system? NO Do you require technical support? NO

* The Curb Event Center maintains an equipment inventory that can be viewed at www.belmont.edu/curbeventcenter. Equipment needs that exceed this inventory incur rental fees.

Are there special security requirements? (select) (please describe)

Please describe the event itinerary:

Contact with group/speaker/artist(s): Name: ______
Phone: ______ Mobile: ______ Fax: ______ Email: ______