

SPACE USE REQUEST Venue: Lerner Hall

No. _____

2920 Broadway, Mail Code 2603

(212) 854-5800 Fax: (212) 854-5840

SECTION A: THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

Event Information: Circle One: Annual Event Special Event Recurring Meeting/Rehearsal

Advertised Name of Event: _____ Expected Attendance: _____

Requested Location: _____ Alternative/Rain Location: _____

Requested Date: _____ Alternative Date: _____ Alternative Date: _____ Alternative Date: _____

For Recurring
Meetings/Rehearsals:

Preferred Day of Week: _____

Alternative Day: _____

Beginning Date: _____

Ending Date: _____

Set-up Start Time: _____ am/pm

Event End Time: _____ am/pm

Event Start Time: _____ am/pm

Clean-up End Time: _____ am/pm

Sponsor Information

Organization Name: _____

Organization Address: _____

Event Manager Name: _____ Position in Organization: _____

Phone #: _____ E-Mail: _____ Fax #: _____

Event Manager Signature: _____ Date: _____

Co-Sponsor Information (if appropriate)

Organization Name: _____

Organization Address: _____

Event Manager Name: _____ Position in Organization: _____

Phone #: _____ E-Mail: _____ Fax #: _____

Event Manager Signature: _____ Date: _____

Account Information

Account #: _____ DAF Signature: _____

FOR STUDENT GROUPS ONLY: Advisor Information **Advisor:** Please circle Event Level 1 2 3

Advisors Name: _____ Advisors Signature: _____

Phone #: _____ E-Mail: _____ Fax #: _____

SECTION A: (CONT.)

Type of Event: (Circle)

Social	Performance	Conference	Recurring Official Events
Meeting	Rehearsal – Dance	Breakout	Orientation
Meal – Buffet	Rehearsal –Music	General Session	Commencement
Meal – Banquet	Rehearsal – Drama	Keynote	Admissions
Meal – BBQ	Rehearsal – Misc. _____	Seminar	
Study Break	Performance – Dance	Workshop	
Speaker/Lecture	Performance –Music	Closing Session	
Party	Performance – Drama	Coffee Break	
Fashion Show	Performance – Misc. _____	Dining	
Games Night/Casino Night	Film 16MM/35MM		
Reception	Exhibit		
Cooking Lesson			
Career Fair			
Demonstration			
Photography shoot			
Filming Shoot			
Sporting Event			
Vendor table			

Name of Performer or Speaker (if applicable):

Affiliation of performer or speaker (circle all that apply):

Columbia University Faculty CU Student CU Alumni CU Staff Other (go to **B-1**)

Topic of Program/Theme of Event: _____

Standard Admission policy states that CUID holders may sign in up to two (2) guests each: If an exception is requested please go to **B-2**

Is this event a fundraiser or expect to generate sales related activity?	no ___	yes__ (go to B-3)
Will the media be invited to this event?	no ___	yes__ (go to B-4)
Will food be served?	no ___	yes ___
Will alcohol be served? (If yes, please file Alcohol Event Registration form)	no ___	yes__
Will sound equipment be needed?	no ___	yes__
How will this event be advertised?	on campus ___	off campus__ (go to B-5)

For Student Groups: Advisor must approve all advertising. Place approval number here _____

SAFETY AND SECURITY: If this event may raise security or safety concerns, please go to **B-6**

If ticketing services are required please fill out a ticketing request application.

If set-up or technical needs are required please fill out a technical requests application

SECTION B (please fill out only those parts that have been required by the previous section)

B-1. Nature of speaker or performer affiliation: _____

Agency (if any): _____ Contact Person: _____

Address: _____ Phone: _____

Arrival Time: _____ Departure Time: _____ To Be Met By: _____ At (location): _____

For major concerts and speakers you must provide information 3 recent NYC campus appearances:

Date	Time	Location	Contact Name (w/ phone number)

Performer/Speaker Personnel: (If the speaker will bring any of the following, indicate how many)

Technical Staff: _____ Personal Security: _____ Others (describe): _____

B-2. Standard admission policy exceptions: Admission policy is determined with approval of the Student Activities staff and by the venue manager. To request an exception, circle one.

general public

guest list**

other college IDs**

**list colleges or guests

B-3. Nature of fundraiser – Nature of sales related activity: What measures have been taken to secure cash during the event? _____

B-4. What media will be invited to this event and has community relations been notified? _____

B-5 Nature of off Campus advertising:(i.e flyers – placement and quantity, print ads, radio ads, etc.) _____

B-6. Security or safety considerations: Please indicate any security and safety arrangements that may be required.

With your signature, you agree to be responsible for knowing and adhering to Columbia University event management policies.

Event Manager Signature

Date