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
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:

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<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Contact Name (w/ phone number)</th>
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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