

Student Union, Inc.
AV & Event Services
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San Jose, CA 95192-0155
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sjsu.edu/studentunion

Event Center Reservation Request Form

Rm(s) Requested _____

Event Date(s) _____

Expected Attendance _____

Department/Organization: _____

Event Name _____

Main Contact _____

Billing Address _____

City _____ State _____ Zip Code _____

Area Requested Usage Yes No

Pre-Access _____ : _____ AM PM

Event Start _____ : _____ AM PM

Event End _____ : _____ AM PM

Post-Access _____ : _____ AM PM

Title: _____

Phone Number _____

Email Address _____

Event Type: Con Club Int'l Period Other

Con Club Other _____

Club Period Int'l Club Other _____

Describe your event _____

Is this a recurring event? No Yes (frequency) _____

Priority _____

Equipment & Services Needed

Additional Services: AV AV AV AV

Sound Tables Seating Other

Other _____

Optional Equipment and Services

Bar (NS) Tables Tables Tables

ID Chairs AV AV

Other _____

Web Links: Facebook Twitter

Event Promotion: Yes No

Special Requests: _____

Phone: _____

Phone/Fax: _____

Please check this box if the Res Agreement form has been read, initialed, and signed.

Signature: _____

Applicant: _____ S _____ B _____ SFD _____

D _____ D _____ D _____