

Meeting Room (s) Requested _____

Event Date(s) _____

Expected Attendance _____

Department/Organization _____

Event Name _____

Main Contact: _____ Title: _____

Billing Address: _____ Phone Number: _____

City _____ State _____ Zip Code _____ Email Address: _____

Event Type: Meeting Reception Conference Other _____

Meeting Rooms are setup Theater Style unless arrangements are made with the ES office.

Please describe your event: _____

Food Services: We will have food.

On-Campus Rates for Campus Departments and Student Organizations

SJSU Student Organizations will be eligible for student rates only if the event is organized and/or created by the student organization, and the main contact/event coordinator is an active officer of the organization. SJSU Departments will pay department rates only if the event is organized and/or created by a staff/faculty member of the department, and the main contact/event coordinator is a current staff/faculty member of the department. Co-sponsorships are not permitted. SJSU Student Organizations and/or departments found attempting to do a co-sponsorship will be subject to loss of scheduling privileges for the remainder of the current academic semester, as well as the cancellation of the event.



Violation of any of these rules will be reported to Event Services Office and result in a written warning, which may include assessment of post-use set up, clean up, and/or other fees. Second violations, or delayed payment of assessed fees may result in loss of scheduling privileges.

Client agrees to indemnify, defend, and hold harmless the Student Union, Inc. of San Jose State University, San Jose State University, the Trustees of California State University and the State of California, their officers, agents and employees from any and all liability, claim, loss, cost or obligation on account of or arising out of any injury, death or damage to persons or to property from whatever cause where such injury, death or damage is connected with the event, use or services scheduled.

Print Name _____ Signature _____ Date _____