



**CONFERENCE SERVICES  
FACILITIES REQUEST FORM  
EXTERNAL EVENTS**

ConferenceServices@sunymaritime.edu

Note: Please send the completed form to the email addresses noted above.  
All requests are tentative until written confirmation is received.

TODAY'S DATE: _____		CONTACT NAME: _____	
OFFICE PHONE: _____		CELL PHONE: _____	
EMAIL: _____		DEPARTMENT: _____	
BILLING NAME: _____			
BILLING ADDRESS: _____			
CITY: _____		STATE: _____	ZIP: _____
<b>EVENT INFORMATION</b>			
TYPE OF EVENT: _____		# OF PEOPLE: _____	
DAY(S)/DATE(S): _____			
ALTERNATE DAY(S)/DATE(S): _____			
ACCESS TIME: _____		BREAKDOWN TIME: _____	
EVENT START TIME: _____		EVENT END TIME: _____	
IS EVENT CO-SPONSORED: <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, BY WHOM: _____	
THIS EVENT INVOLVES AN OUTSIDE AGENCY? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES: <input type="checkbox"/> CONTRACT <input type="checkbox"/> RELEASE OF LIABILITY FORM	
<b>FACILITIES REQUESTED</b>			
<input type="checkbox"/> MAIN DINING HALL	<input type="checkbox"/> SPECIAL EVENTS ROOM [SER]	<input type="checkbox"/> STUDENT ACTIVITIES ROOM [TIV]	
<input type="checkbox"/> WELCOME CENTER CONFERENCE ROOM	<input type="checkbox"/> S&E LECTURE HALL	<input type="checkbox"/> CHAPEL	<input type="checkbox"/> MUSEUM
MARITIME ACADEMIC CENTER:	MULTIPURPOSE ROOM	<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> CLASSROOM(S):	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> CAMPUS GROUNDS: BE SPECIFIC _____	
<input type="checkbox"/> ST. MARY'S PENTAGON	<input type="checkbox"/> DORMITORY / # OF BEDS: _____		
<input type="checkbox"/> GYMNASIUM	<input type="checkbox"/> LOCKER ROOMS	<input type="checkbox"/> M <input type="checkbox"/> F	
ATHLETIC FIELDS/OUTDOOR COURTS:	<input type="checkbox"/> ASTROPLAY <input type="checkbox"/> BASEBALL FIELD	<input type="checkbox"/> MULTI-PURPOSE COURT	
<input type="checkbox"/> OTHER CONFERENCE ROOM(S):	<input type="checkbox"/> GRASS FIELD <input type="checkbox"/> POOL	<input type="checkbox"/> OTHER: _____	
<b>ROOM SET-UP</b>			
<input type="checkbox"/> AS IS	<input type="checkbox"/> EMPTY ROOM	<input type="checkbox"/> LECTURE STYLE	<input type="checkbox"/> BANQUET STYLE
<input type="checkbox"/> CATERING	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, BY WHOM: _____	
<input type="checkbox"/> OTHER: _____			
IF DESIRED, PROVIDE ROOM DIAGRAM IN THE SPACE BELOW:			

<b>ADDITIONAL REQUESTS</b>			
<input type="checkbox"/> NONE			
<input type="checkbox"/> PROJECTOR	<input type="checkbox"/> LAPTOP	<input type="checkbox"/> MICROPHONE/SPEAKERS	<input type="checkbox"/> PODIUM
<input type="checkbox"/> TRASH CONTAINERS	<input type="checkbox"/> PROJECTOR SCREEN	<input type="checkbox"/> CHAIRS	<input type="checkbox"/> TABLES
<input type="checkbox"/> FLAGS	<input type="checkbox"/> STAGE	<input type="checkbox"/> SCORE BOARD	<input type="checkbox"/> FIELD <input type="checkbox"/> GYM
<input type="checkbox"/> SHIP: ANY REQUEST FOR THE MUST BE SENT TO CAPT SMITH DIRECTLY!		<input type="checkbox"/> TOUR	<input type="checkbox"/> OVERNIGHT ACCOMODATION
<input type="checkbox"/> MARQUEE MESSAGE: _____			
DISPLAY TIME: _____	FROM: _____	TO: _____	
<b>RENTAL EQUIPMENT/VENDORS</b>			
<input type="checkbox"/> NONE			
Note: This is for coordination purposes only. Ordering & payment arrangements are solely the responsibility of the client.			
<input type="checkbox"/> TENT(S): # _____ TENT SIZE(S): _____			
<input type="checkbox"/> CHAIRS: # _____ TABLES #: _____ STANCHIONS #: _____			
<input type="checkbox"/> OTHER: _____			
<input type="checkbox"/> DETAILS: _____			
RENTAL COMPANY NAME: _____			
DELIVERY DATE(S): _____			
DELIVERY LOCATION(S): _____		DELIVERY TIME: _____	
<b>PARKING ACCOMODATIONS</b>			
<input type="checkbox"/> NONE			
EXPECTED VEHICLES:	<input type="checkbox"/> CAR(S) #: _____	<input type="checkbox"/> VAN(S) #: _____	<input type="checkbox"/> BUS(ES) #: _____
<input type="checkbox"/> OTHER: _____			

**All rentals require a certificate of insurance reflecting general liability insurance of two million per occurrence and two million in the aggregate. SUNY Maritime College will need to be listed as additional insured.**

**SUNY Maritime College is a dry campus, therefore alcohol consumption is strictly prohibited on campus. Outside concession stands are also prohibited.**