



**CONFERENCE SERVICES
FACILITIES REQUEST FORM
INTERNAL 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 EXT: _____ | CELL PHONE: _____ |
| EMAIL: _____ | DEPARTMENT: _____ |
| BILLING NAME: _____ | SUPERVISOR: _____ |
| BILLING ADDRESS: _____ | |
| CITY: _____ | STATE: _____ |
| | ZIP: _____ |
| EVENT INFORMATION | |
| TYPE OF EVENT: _____ | # OF PEOPLE: _____ |
| DAY(S)/DATE(S): _____ | |
| ALTERNATE DAY(S)/DATE(S): _____ | |
| ACCESS ROOM TIME: _____ | BREAKDOWN TIME: _____ |
| EVENT START TIME: _____ | EVENT END TIME: _____ |
| IS EVENT BEING 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 | |
| FACILITIES REQUESTED | |
| <input type="checkbox"/> MAIN DINING HALL | <input type="checkbox"/> SPECIAL EVENTS ROOM [SER] |
| <input type="checkbox"/> WELCOME CENTER CONFERENCE ROOM | <input type="checkbox"/> S&E LECTURE HALL |
| <input type="checkbox"/> MARITIME ACADEMIC CENTER | <input type="checkbox"/> STUDENT ACTIVITIES ROOM [TIV] |
| <input type="checkbox"/> CLASSROOM(S): # _____ | <input type="checkbox"/> CHAPEL <input type="checkbox"/> MUSEUM |
| <input type="checkbox"/> ST. MARY'S PENTAGON | <input type="checkbox"/> MULTIPURPOSE ROOM |
| <input type="checkbox"/> GYMNASIUM | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
| ATHLETIC FIELDS/OUTDOOR COURTS: | <input type="checkbox"/> CAMPUS GROUNDS (BE SPECIFIC): _____ |
| <input type="checkbox"/> OTHER CONFERENCE ROOM(S): _____ | <input type="checkbox"/> DORMITORY / # OF BEDS: _____ |
| | <input type="checkbox"/> LOCKER ROOMS <input type="checkbox"/> M <input type="checkbox"/> F |
| | <input type="checkbox"/> ASTROPLAY <input type="checkbox"/> BASEBALL FIELD <input type="checkbox"/> MULTI-PURPOSE COURT |
| | <input type="checkbox"/> GRASS FIELD <input type="checkbox"/> POOL |
| | <input type="checkbox"/> OTHER: _____ |
| ROOM SET-UP | |
| <input type="checkbox"/> AS IS | <input type="checkbox"/> EMPTY ROOM |
| <input type="checkbox"/> CATERING | <input type="checkbox"/> LECTURE STYLE |
| <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> BANQUET STYLE |
| | IF YES, BY WHOM: _____ |
| IF DESIRED, PROVIDE ROOM DIAGRAM IN THE SPACE BELOW: | |
| | |

NONE

ADDITIONAL REQUESTS

- PROJECTOR PROJECTOR SCREEN MICROPHONE/SPEAKERS PODIUM
- TABLES - # _____ CHAIRS- # _____ TRASH CONTAINERS LAPTOP (SUBMIT VIA HELP DESK)
- FLAGS STAGE SCORE BOARD FIELD GYM
- SHIP: ANY REQUEST FOR THIS MUST BE SENT DIRECTLY TO CAPT. SMITH TOUR OVERNIGHT

MARQUEE MESSAGE:

MARQUEE DISPLAY TIME: FROM: _____ TO: _____

- VAN(S): # _____ GEM CART: 2-SEATER: # _____ 4-SEATER: # _____
- VALET SERVICE REQUIRED: VAN: NO YES 2-SEATER: NO YES 4-SEATER: NO YES

LOCATION -

- TIMES FROM: _____ TO: _____
- VALET DRIVER FROM: _____ TO: _____

- UNIVERSITY POLICE IT TECHNICIAN ELECTRICIAN CUSTODIAL

OTHER: _____

NONE

RENTAL EQUIPMENT/VENDORS

- TENT(S): # _____ TENT SIZE(S): _____
- CHAIRS: # _____ TABLES #: _____ STANCHIONS #: _____
- OTHER: _____
- DETAILS: _____

RENTAL COMPANY NAME: _____

DELIVERY DATE(S): _____

DELIVERY LOCATION(S): _____ DELIVERY TIME: _____

NONE

PARKING ACCOMODATIONS

- EXPECTED VEHICLES: CAR(S) #: _____ VAN(S) #: _____ BUS(ES) #: _____
- OTHER: _____

PLEASE VISIT WWW.VISITORENTRYSYSTEM.COM TO REGISTER YOUR GUEST/S FOR A TEMPORARY CAMPUS PARKING PERMIT

VIP RESERVED PARKING REQUEST: (ADMINISTRATION'S APPROVAL REQUIRED)

| | | |
|-------------------|---------|-------|
| FIRST & LAST NAME | COMPANY | TITLE |
|-------------------|---------|-------|

1. _____
2. _____
3. _____
4. _____
5. _____

If additional space is needed, please attach names to this form.

NONE

INVITATIONS

INVITATIONS FOR THIS EVENT WILL BE SENT BY:

- DEPARTMENT HOSTING EVENT E-MAIL BLAST ADMINISTRATION

NONE

ADDITIONAL COMMENTS OR INSTRUCTIONS