

Please send four (4) copies of this form to the Conference Office

MSVU Space Requisition Form

Room: (Please review Space Requisition Form guidelines on next page)
Area _____ Date _____
Time _____ Name of Dept./Group _____
Type of Function: _____ Est. Attendance _____
Phone# (w) _____ /(h) _____ External: _____ Internal: _____
Account #/billing address: _____

Requested By: _____ Date: _____
(Signature required)

Set Up Please describe set up or attach two (2) copies of your set up diagram.

Audio Visual List all audio visual equipment required. Technician: Yes ___ No ___
Equipment: _____

Catering: (Please review guidelines/policies governing catering) **** China service ___ Paper Service ___
Guaranteed No. (48 hrs. prior to function): _____ *Cost/person:* _____
Food (please be specific): _____

Liquor: _____

CAFETERIA USE ONLY: (Catering Confirmed _____)
Catering (breakdown cost/tax) ||| Liquor (breakdown cost/tax)

CONFERENCE OFFICE USE ONLY: Confirmed by _____ Date _____

Four (4) copies of this form MUST be sent to Conference Services to confirm your event.

(Rev. Aug 2002)