MEDGAR EVERS COLLEGE OF THE CITY UNIVERSITY OF NEW YORK

FOR OFFICE USE ONLY

CLOCK-IN-DATE

SPACE REQUISITION FORM

Campus Requested:

( ) Bedford Avenue Campus
1650 Bedford Avenue
Brooklyn, NY 11225

( ) Carroll Street Campus
1150 Carroll Street
Brooklyn, NY 11225

( ) SBSS Campus
1637 Bedford Avenue
Brooklyn, New York 11225

( ) AB1 School of Science Health & Technology
1638 Bedford Ave

Submit completed application with a $30.00 nonrefundable application processing fee –External Request

It is the responsibility of individual(s) requesting space to understand and comply with the following:

- Form must be submitted and received **Eight Weeks** prior to event date.
- No reservation is final and therefore no publicity, advertisement, or notice may be released regarding an event until reservation is confirmed with a confirmation number.

Failure to comply with any of the aforementioned in scheduling an event may result in cancellation.

INTERNAL REQUESTS ONLY

Contact Name_____

Department_____

Primary Contact_____

Phone #_____

Fax #_____

E-mail_____

Signature of Requestor _____

Signature of Chair/Supervisor _____

Signature of Area VP_____

EXTERNAL REQUESTS ONLY

Organization Name_____

State Chartered ( ) no ( ) yes If yes Submit document

Building_____ **Room/Location**_____

Phone#_____ **Fax#** _____

E-mail_____

Address_____

City_____**State**_____ **Zip Code**_____

Signature of Requestor_____

Nature of Planned Event (Please provide detailed description of activity planned, including program content, names of all speakers and performers (**a must**), and any other pertinent information.

_____

_____

_____

Type of Event: ☐ Meeting ☐ Lecture ☐ Conference ☐ Reception ☐ Graduation ☐ Seminar

Other_____

Date(s) & Day (please list dates according to preference	Room(s) /Area/Location Preference	Total Number of Attendees	Event Start Time	Event End Time	Facility Set Up (please choose from list below)

Facility Setup Requirements: **A** Conference /Auditorium **B** Semi-Circle **C** Tables & Chairs(# must be indicated) **D** Classroom Style **E** U shaped **F** Coat rack **G** Other _____

Persons Expected to Attend _____ ☐ College Only ☐Non-Campus Organization Members Only ☐ Open to Public

The Requestor agrees not to permit entrance of any number of persons greater than the number of existing seats, and there will be no standing room.

Other Events Applicants Only:

Number of anticipated Guest: _____ **Number of Tickets Printed:** _____ Number of Tickets sold: _____

Person assigned to event._____ Title& Tel. Number of Person in Charge of Event _____

Will A Fee Be Charged? ☐ **Yes** ☐ **No** **Tickets Required?** ☐ **Yes** ☐ No Advance Ticket Sales? ☐Yes ☐ No

Will Food or Beverages be served? ☐ **Yes** ☐ **No** **All food and beverages service is only provided by onsite caterer Nayyarsons –718 270 6013**

Funding Source for this Event : _____Tax Levy _____Non Tax Money _____ Total Amount Requesting/Requested_____

REQUESTS FOR AUDIO/VISUAL EQUIPMENT

Smart Cart (LCD Projector, Computer, DVD/VCR Player, Microsoft Office)
VCR & TV
VCR/DVD & TV
CD/Cassette Player
Record Player
Overhead Projector*
Opaque Projector*
16mm Projector*
Slide Projector*

Projectors include screen

REQUEST FOR SOUND SYSTEM(S)

Podium & Microphone _____
Floor Stand for microphone- No. needed_____
Table Stand for microphone – No. needed _____
Lapel Microphone(s)** (3 available) – No. needed _____
Wireless Handheld Microphone (s)** (2 available) – No. needed _____
Wired Microphones** (6 available) – No. needed _____
Anchor System I (speaker, 1 microphone) (Bedford Bldg.) _____
Anchor System II (speakers, 2 microphones, 1 CD player) (S-Bldg.) _____
Anchor System III (speaker, 2 microphones) (Carroll St. Bldg.) _____

*****Only for use in the auditorium***

Other:

REQUEST FOR PUBLIC RELATIONS SERVICES CUNY Website ( ) Medgar Evers Electronic Board ( ) ***All public relations services will be submitted to the appropriate department for further contact.***

Facilities Available

Facility	Building	Capacity
*Edison O. Jackson Auditorium	ABI	117
VIP Dining R, 312	ABI	60
Cafeteria /Main Dining Rm. 219	ABI	246
***Founder's Auditorium**	**Bedford**	**466**
President's Conference Center	Bedford	75
*Mary Pinkett		
Lecture Hall (122-S)	**SBSS**	**74**
3rd Fl. Atrium	**SBSS**	**75**
Patio	**SBSS**	**48**
3rd Fl. Atrium &Patio	**SBSS**	**111(standing)**
3rd Fl. Atrium &Patio	**SBSS**	**50 (seating)**

Facility	Building	Capacity
**Conference Room	**SBSS**	24
Classroom – Medium	AB/ B / C/ **SBSS**	35-50
Classroom-Small	AB/ B / C/ **SBSS**	25-30
Norman & Miriam		
B. Johnson Lecture Hall (B-2008)	Bedford	75
Amphitheater	Bedford	1000

***Unless authorized, the piano is off limits and due to its fragility, cannot be moved.**
No Balloons allowed in Auditorium

**** Limited availability**
*** Subject to class schedule**

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Action Required:

Approval: _____, **Conf. #:** _____, **Rejected:**_____ , **Pending:** _____

Security Requirement: _____ **# of Officers,** _____ **Supervisory, Sign:** _____ **Date:** _____

Facility Requirement: _____ **# of Custodian,** _____ **# of Laborer,** _____ **Other Sign:** _____ **Date:** _____

Other: _____

Space
Security
Facility
Media

***PLEASE NOTE: The College will not be held liable for any injury resulting from consumption of food and/or beverages that are catered, individually prepared, or store bought. Alcoholic Beverages are not permitted on the premises. Cancellations/changes must be received by the Office of Space Reservations, in writing five(5) business days before scheduled event. Contact Office of Space Reservations at Spacereq@mec.cuny.edu,1150 Carroll Street, Suite 400, 4th Floor, Brooklyn, NY 11225, Telephone No. (718) 270-6116, Fax No. (718) 804-8207.**

Revised 3/25/14