



OFFICE OF SPACE RESERVATIONS
1150 CARROLL STREET, SUITE 400, BROOKLYN, NY 11225

spacereq@mec.cuny.edu

SPACE REQUISITION FORM

Campus Requested:

- | | |
|---|---|
| <p>() Bedford Avenue Campus 1650 Bedford Avenue Brooklyn, NY 11225</p> <p>() SBSS Campus 1637 Bedford Avenue Brooklyn, New York 11225</p> | <p>() Carroll Street Campus 1150 Carroll Street Brooklyn, NY 11225</p> <p>() AB1 School of Science Health & Technology 1638 Bedford Ave</p> |
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It is the responsibility of individual(s) requesting space to understand and comply with the following:

- To avoid service delays this form must be received no later than **ten (30) business days** via email or in person prior to the event date
- Until the request is confirmed by email or letter, no reservation is final, and therefore no publicity or advertisements should be released regarding the event
- Failure to comply with any of the aforementioned in scheduling an event may result in cancellation

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| <p>COLLEGE DEPARTMENT (INTERNAL) REQUESTS ONLY</p> <p>Contact Name _____</p> <p>Department _____</p> <p>Phone# _____</p> <p>Email# _____</p> <p>Print name of Supervisor _____</p> <p>Signature of Supervisor _____</p> <p>Print Name of Dept. Chair _____</p> <p>Signature of Dept. Chair _____</p> <p>Date _____</p> | <p>EXTERNAL ORGANIZATION REQUESTS ONLY</p> <p>Not-for-Profit ()Yes ()No (If yes submit documentation)</p> <p>Organization Name _____</p> <p>Contact Name (print) _____</p> <p>Phone# _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>E-mail _____</p> <p>Signature _____</p> <p>Date _____</p> |
|--|---|

External Request - Please submit completed application with a \$30.00 nonrefundable application processing fee

Event name and description (Please provide a detailed description of the event, i.e. program content, speaker/performer names, and any other pertinent information (if necessary, use a separate sheet))

Type of Event: Meeting Lecture Conference Reception Graduation Seminar Other

| Event Date(s) according to preference or alternative date(s) | Location and Room(s) Preference | Total Number of Attendees | Event Start Time | Event End Time | Facility Set Up (please choose from list below or send set-up information in the email) |
|--|---------------------------------|---------------------------|------------------|----------------|---|
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Facility Setup Requirements: **A:** Auditorium **B:** Banquet **C:** Classroom **D:** U-Shape **E** Conference Style (Indicate the number of tables and chairs needed. If necessary, list information in the email)

of Persons expected to attend _____ College Only Non-Campus Organization Members Only Open to the Public

The person(s) signing this application agrees to all that is listed herein and will not permit entrance beyond capacity of any number of persons greater than the number of existing seats/capacity, 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 beverage service must be provided by MEC onsite caterer Panda House – call Frances Qiu francesqiu_2004@yahoo.com to make arrangements.

IT /MEDIA REQUESTS:

Screen/Projector, Computer _____
 WiFi _____
 Music _____
 Photographer _____
 Podium & Microphone _____
 For any other IT services, please send an email

Floor Stand microphone _____ # needed _____
 Table Stand microphone(s) _____ # needed _____
 Lapel Microphone(s)** _____ # needed _____
 Wireless Handheld Microphone(s)** _____ # needed _____
 Wired Microphones** _____ # needed _____
 Anchor System I (speaker, 1 microphone) (Bedford Bldg.) _____

****Limited Equipment - -Only for use in the auditorium**

Facilities Available

| Location | Building | Capacity |
|------------------------------------|-----------|------------------------------|
| *Edison O. Jackson Auditorium | ABI | 117 |
| Cafeteria (Dining Hall) Rm. 219 | ABI | 246 |
| *Founder's Auditorium | Bedford | 466 |
| President's Conference Center | Bedford75 | |
| *Mary Pinkett | | |
| Lecture Hall (122-S) | SBSS | 74 |
| 3 rd Fl. Atrium | SBSS | 75 |
| Patio | SBSS | 48 |
| 3 rd Fl. Atrium & Patio | SBSS | 111 (standing) / 50 (seated) |

| Location | 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 |

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

Please Note: Unless authorized, the piano in the Founders Auditorium is off limits. It is fragile and it cannot be moved - - No balloons or food in the auditorium(s)

FOR OFFICE USE ONLY

Action Required:

Additional Approval Needed: Yes No Via Email? Phone? No Date: _____

Security Requirement: # of Officers _____ Supervisor Name: _____ Date: _____

Facility Requirement: # of Custodians _____ # of Laborers _____ Supervisor's Name: _____ 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 thirty (30) business days before the 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