

For Office Use Only

One-time Event _____
Multiple-Date Request _____
Rollover Event Semester to Semester _____

Room Confirmed on Scheduler+ _____
Requester Confirmation via Email _____
Contract completed and on file _____

Amount of Fees Charged _____
Fees Received (if applicable) _____
Event Cancelled _____

2009 - Room Request Form for The Pasquerilla Spiritual Center - Eisenhower Chapel

PLEASE PRINT NEATLY AND FILL IN ALL BLANKS ON FRONT AND BACK OF FORM

PLEASE REVIEW THE FOLLOWING COMMENTS BEFORE SUBMITTING FORM:

1. Organizations/departments/public requesters hosting events in CERA that include a paid speaker, entertainment, travel, honoraria, etc. must first complete and file a **contract** with CERA. You may do so by speaking with either Beth Bradley (bab139@psu.edu) or Bob Smith (rhs13@psu.edu). This entire process can take up to three weeks to complete. While a room(s) may appear open when your request is submitted, your room request will not be confirmed until the contract is complete and on file and thereby not guaranteeing the room(s) would still remain open for you/your group's use at that time.
2. Should any payment be due to CERA/Penn State, payment will be expected prior to the event or the event may be canceled.
3. If an admission fee is being charged for an event, the group will be charged for the room.
4. Please do not publicize an event until you have received a confirmed reservation via email.
5. All flyers and/or posters must be reviewed and cleared through the Director or Assistant Director prior to posting/publicizing.
6. This form must be completed and include the requester's signature before it will be processed and scheduled.
7. Room reservation requests **MUST BE** submitted at least 24 hours prior to an event to guarantee that a room set-up occurs. *Requests submitted with less than 24 hours notice will not be guaranteed a room set-up.*
8. If the room you have requested is not available or appropriate for your event your group will be scheduled in another available room. *CERA cannot guarantee that the room you have requested will be available.*
9. If you would like a special type of room set-up, please use the blank area on the lower, backside portion of this form to draw a diagram of your specific request(s) – these requests must be submitted with the Room Request Form. Please attach a separate piece of paper should the space not be large enough.
10. Groups may schedule no more than three (3) spaces at one time.
11. Maximum time allowed for a specifically scheduled event is four (4) hours.
12. Building opens at 8:00 a.m. and will be locked up at 10:30 p.m. – *please keep these hours in mind when planning your event.*

TODAY'S DATE _____

STUDENT ORGANIZATION or DEPARTMENT NAME _____

CO-SPONSORING GROUP NAME (if applicable) _____

AUTHORIZED REQUESTER NAME _____

(Person who is requesting the space and who will be the function's representative contact for the CERA office)

REQUESTER'S EMAIL _____

REQUESTER'S PHONE _____

REQUESTER'S MAILING ADDRESS _____

ROOM REQUESTED _____

An alternate room is not an option for this event.

The following room(s) could be used as an alternate, if needed and available - _____

NAME OF SCHEDULED EVENT _____

(This name will be used to make up signs for the room placard(s) announcing/locating your event/function for those attending)

BRIEF DESCRIPTION OF THE EVENT _____

DAY(S) OF EVENT _____

DATE(S) OF EVENT _____

EVENT BEGINS TIME _____

EVENT ENDS TIME _____

TIME ENTERING ROOM _____

TIME EXITING ROOM _____

FREQUENCY OF EVENT (Once / Weekly / Bi-weekly / Monthly / Other (please specify if "Other")): _____

NUMBER OF PEOPLE TO ATTEND FUNCTION: _____

WILL REFRESHMENTS BE SERVED? YES _____ NO _____

(There will be a \$25 charge for food/room cleanup)

WILL KITCHEN USE BE REQUIRED? YES _____ NO _____

WILL YOU NEED AMPLIFIED SOUND? YES _____ NO _____

WILL ADMISSION FEE BE CHARGED? YES _____ NO _____

(If yes, group will be charged for use of room)

WILL ANY MERCHANDISE BE SOLD AT EVENT? YES _____ NO _____

WILL THIS EVENT CONTAIN THE PRESENTATION OF MATERIAL, WHETHER ORAL, WRITTEN OR VISUAL, WHICH IS SEXUALLY EXPLICIT OR GRAPHICALLY VIOLENT? YES ____ NO ____

(If yes, please explain in the space provided below, the nature of the sexually explicit or graphically violent material and seek permission from the CERA Director or Assistant Director before presenting the information):

WILL ANY OF THE ORGANIZATIONS INVOLVED BE POSTING FLYERS OR HANGING BANNERS TO PUBLICIZE THIS EVENT? YES ____ NO ____

Please check any equipment requested:

- LCD projector \$50
- Portable sound system \$50
- Television \$25
- Big screen TV (Memorial Lounge) \$25
- Laptop computer \$50
- Kitchen \$25
- Portable screen \$15
- Overhead Projector \$15
- DVD/VCR \$10
- Flip chart \$10/each
- Easels \$5/each
- Coffee Urns \$5/each

Additional items available for no additional charge:

- Standing podium
- CD/tape player
- Rectangular (s) -- How many? _____
- Round table(s) -- How many? _____
- Chairs -- How many? _____
- Stand microphone (2 available)
- Clip-on ear piece(Boom)microphone (1 available)
- Lapel microphone (Worship Hall use only)

AUTHORIZED REQUESTER'S SIGNATURE _____

(Signature is Required)

Billing Information (required, if applicable):

ATTN: _____

Department/Company Name: _____

Address 1: _____

Address 2: _____

City, State, and Zip: _____

Room Set-up Diagram Box
