Reservation # _____

THE UNIVERSITY OF TULSA ♦ ALLEN CHAPMAN ACTIVITY CENTER
Space Reservation Request Form

Please submit this request for space at least ten (10) days in advance of the desired date. The staff will be happy to make every effort to accommodate your request and will contact you once it has been confirmed. If you have questions about your request or would like to meet with someone to coordinate the details, contact the office at 918-631-2968.

COORDINATORS Full Name **& Email Address:**_____

Phone#: _____ Address: _____City:_____Zip:_____
Organization: _____ Advisor: _____ Phone#: _____

Event's On-site Contact's Name: _____ Phone #: _____

EVENT INFORMATION Title (posted event sign):_____

Desired Day(s) of the Week: _____ Alternate Day(s) of the Week: _____

Desired Date(s): _____ Alternate Dates: _____

Specific Room Preference(s): _____ Any Room Available (√) _____

Actual Event Times: Beginning _____ (a.m. / p.m.) Ending _____ (a.m./ p.m.)
Room Access: Beginning _____ (a.m. / p.m.) Post-Access _____(a.m. / p.m.)

Decorations: _____

Type of Event: Lecture ____ Reception ____ Banquet ____ Meeting ____ Workshop____ Dance ____ Party ____

Anticipated Attendance: Adults # _____ Youth # _____ **Open to Campus_____** **Open to Public** _____

Sponsorship: University Function ____ Non-University _____ Other _____

Advertisement: Collegian ___ Newspaper ___ Flyers ___ Word of Mouth ___ Radio___ Other _____

ROOM SET-UP NEEDS (√) ***Use of outside or personal equipment must be discussed immediately*** *(918-631-2076)*

Seating Style: Classroom ____ Theatre _____ Banquet _____ Conference/U-shape _____ Other_____

Audio/Visual: Yes __ No __ TBD _____ Own/Outsourced Equipment (List) _____

Lectern Microphone _____ Piano _____ **Computer / Projector:** Yes ____ No ____ **If YES check all that apply**:

PowerPoint Slides **NO** audio _____ PowerPoint Slides **WITH** music/audio_____ Internet Access_____ DVD Video _____

Webcam/Skype _____ (client must have Skype acct) **Client Bringing Own Laptop Computer**: Yes ____ No ____

FOOD AND/OR BEVERAGE NO____ YES____ (includes requests to self-cater) ***** if yes read/complete section below *****

*The University requires that all food and beverages be purchased through **Dining Services at 918-631-2145**. Homemade items are **NOT** permitted. Prepackaged items under $100 in value might be exempt from this policy. Some rooms are not available for events exempted from this policy. Appeals granted by Dining Services to this food and beverage requirement must be discussed with ACAC prior to a Space Reservation Request confirmation being extended.*

*********CHECK ALL THAT APPLY********

Breakfast____ Lunch ____ Dinner___ Reception____ Hors D'oeuvres____ Refreshments___ Beverages ___ **Alcohol** ___
Served/Waited Meal___ Buffet Style___ Other: _____

Dining Services_____ ***OR*** **Self-Catering (University Departments/Student Org. sponsored events only) _____ (complete section below)**
*Food/Drink Value **LESS** than $100.00 _____ List food/beverages being purchased*_____

*Food/Drink Value **OVER** $100.00 _____ **Must complete a Self-Catering REQUEST Form** -- the SCR must be approved by **BOTH** Dining Services & ACAC Management (Catering Attendant Required **&** Charges Apply – contact Dining Services to discuss charges & the SCR process)*

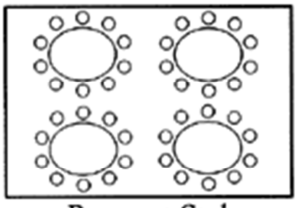
EVENT MANAGEMENT FEES **Sponsoring Organization's Account #**_____

- **Security:** University-assigned Officers for events with alcohol, and/or over 100 attendees, and/or open to the public.
- **Attendants**: Catering-assigned Attendants for all self-catered events approved by both ACAC and Sodexo.
- **Alcohol Events**: Register through the Office of Student Affairs. Contract through Catering Services. Bartending fees apply.
- **AV/Technical**: Equipment and/or technician contracted from an outside source if ACAC is unable to provide them.

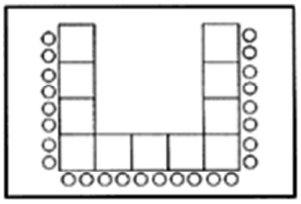
COMMENTS

_____
_____
_____

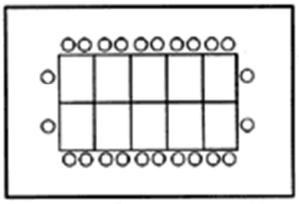
Reservation # _____



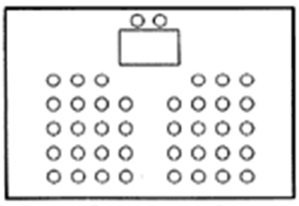
Banquet Style



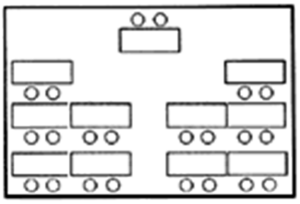
U-Shape Style



Conference Style



Theatre Style



Classroom Style

	Banquet	***U-Shape***	***Conference***	***Theatre***	***Classroom***
Alcove	32	16	20	51	16
Atrium	56	16	18	50	16
Chouteau	64	30	36	98	38
Gallery	80	30	40	107	44
Great Hall C	400	N/A	N/A	600	156
Great Hall A	224	N/A	N/A	375	112
Great Hall B	104	32	40	126	40

Above are the basic/standard set-ups style/descriptions. If additional equipment is needed and is not shown above please check with the Administrative Office to see if equipment is available. For audio/visual, sound and/or lighting please make requests with the Technical & Operations Manager, 918-631-2076.

Seating Style Capacities are diminished when head/display tables, buffet lines are added

All requests for seating style changes or for an increase in your estimated attendance must be discussed with the Administrative Office to see if the event schedule/room can accommodate the change.

INTAKE INFORMATION – Internal Use

Date Received: _____ By Whom: _____ Time: _____

Date Space Confirmed/Denied: _____ Reason Denied: _____

Date Contacted Dining Regarding Catering Plans: _____ Method of Contact: _____

Date Received Dining Decision Regarding Plans: _____ Method of Contact: _____

Fees: Room Rental: _____ Technical Support: _____ Security: _____ Staff Overtime: _____

Custodial/Cleaning above and beyond standard service: _____ Insurance _____

Catering Attendant to be charged by Dining: _____ Bartender to be charged by Dining: _____

Items Sent: Policy Guide _____ Rate Sheet _____ Map _____ Decorations Guidelines _____

Seating Style Example _____ Insurance Waiver _____ Catering Appeal for Exemption _____

Comments_____

_____