

**MEETING ARRANGEMENTS FORM**  
**TO BE COMPLETED FOR ALL KINGSBOROUGH EVENTS**  
**AFTER A ROOM RESERVATION HAS BEEN CONFIRMED.**

**INSTRUCTIONS:** A student group must discuss all events in detail with it's Faculty Advisor and a representative of the Office of Student Life (C-123 ext 5597). Student groups reserve space through the Office of Student Life.

All others reserve space with the Office of Events Management (V-114 ext. 5040 or E-Mail: Events.Management@kbcc.cuny.edu).

Form must be completed, signed and submitted to the Office of Events Management no later than EIGHT working days, and no earlier than ONE month prior to the day of the event. If not submitted in time your set-up arrangements will not be guaranteed. Do not submit this form until all signatures have been obtained.

EVENT NAME: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MAIL CODE: \_\_\_\_\_ TEL.#: \_\_\_\_\_ TODAYS DATE: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Setup time: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Actual End Time: LecturL

DESCRIPTION OF EVENT: Lecture Open House Party Dance Luncheon Dinner

ASSIGNED ROOM(S): \_\_\_\_\_

EXPECTED ATTENDANCE: \_\_\_\_\_ OPEN TO GEN. PUBLIC: YES: \_\_\_\_\_ NO: \_\_\_\_\_

ARE TICKETS BEING ISSUED/SOLD: YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, HOW MANY AVAILABLE: \_\_\_\_\_

ADMISSION CHARGE/CONFERENCE FEE: YES: \_\_\_\_\_ NO: \_\_\_\_\_ IF YES, \$ \_\_\_\_\_ IN ADVANCE \_\_\_\_\_ AT DOOR

PARKING REQUESTED: YES: \_\_\_\_\_ NO: \_\_\_\_\_ #BUSES/AUTOMOBILES EXPECTED: \_\_\_\_\_

AUDIENCE: STUDENTS FAC/STAFF OTHER (SPECIFY) \_\_\_\_\_

Will There Be A: D.J. Live Band Guest Speaker Other: \_\_\_\_\_ Other: \_\_\_\_\_

NAME(S) OF SPEAKER(S)/TOPIC/PERFORMER/D.J./VENDORS (SPECIFY) \_\_\_\_\_

IS PRESS EXPECTED?: YES NO (IF PRESS IS EXPECTED, PLEASE SUPPLY ALL DETAILS IN WRITING TO EVENTS MANAGEMENT, V-114)

**A/V OR SPECIALIZED EQUIPMENT NEEDED**

None: Powerpoint: Remote Clicker: DVD PLayer: Play Movie: Ipod cable:

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**ROOM ARRANGEMENT: (PLEASE CHECK ALL THAT APPLY, IF MULTIPLE SET-UPS PLEASE CALL EVENTS MANAGEMENT EXT. 5040)**

Lecture Style	Conference Style	Lead Table	Fashion Show
Banquet Style	U-Shaped Conference	Chairs in Circle	Dance
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**FOOD: MBG: NO:**

IN-HOUSE (cafeteria) Catering: Outside Caterer. Name of Outside Caterer.

For outside caterers, have you obtained: Certificate of Food Protection Copy of Insurance Cert.

**EVERY FORM MUST HAVE A SIGNATURE. PLEASE READ BELOW:**

**Signatures:** The reserving group or individual agrees to be held liable for, and will pay costs resulting from any damage to or loss of, college property suffered incident to it's use of the premises and further agrees to pay all costs incurred for this event.

**FOR STUDENT GROUPS:**  
A student group must arrange for Faculty Advisor(s) to be present at Any event which it sponsors. The Faculty Advisor(s) must be present for the entire event.

**Person Authorizing Expenditure:**  
Please indicate source of funds and sign In the appropriate box.

<b>Source of Funds:</b> X	
X	
<b>Organization Officer/Person Completing form/Title</b>	<b>Date</b>
X	
<b>Faculty Advisor</b>	<b>Date</b>
X	
<b>Director of Student Activities/ Person Authorizing</b>	<b>Date</b>