

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 (U-226 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: _____

DESCRIPTION/EVENT: Lecture Open House Party Dance Luncheon Dinner Tabling

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: _____

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
 Tabling

FOOD: **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.

Source of Funds: <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
Organization Officer/Person Completing form/Title	Date
<input checked="" type="checkbox"/>	
Faculty Advisor	Date
<input checked="" type="checkbox"/>	
Director of Student Activities/ Person Authorizing	Date