



Norfolk State University  
Office of Conference Services  
700 Park Avenue, Suite 350  
Norfolk, Virginia 23504 Office  
Phone (757) 823-8085

## NON-CAMPUS ORGANIZATION RESERVATION REQUEST FORM

*Complete and return with your \$25 non-refundable application fee at least thirty (30) days prior to proposed activity*

### CONTACT INFORMATION

Contact Person	_____	Contact Number	_____
Address	_____		
City	_____	State	_____ Zip _____
Email Address	_____	FIN# <input type="checkbox"/> SS# <input type="checkbox"/>	_____

### EVENT INFORMATION

Organization Name	_____		
Event Name	_____		
Facility Requested	_____	Estimated Attendance	_____
Date(s) Requested	_____		
Event Set Up Time	_____	Break Down Time	_____
Event Start Time	_____	Event End Time	_____
Ticket Amount	\$ _____	Open to Public	<input type="checkbox"/> Y <input type="checkbox"/> N
Vendors to participate	<input type="checkbox"/> Y <input type="checkbox"/> N		

Note: Prior approval is required for any proposed merchandise sales on campus.

**Please provide a brief description of your event:**

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### TYPE OF EVENT

- |                          |                    |
|--------------------------|--------------------|
| <input type="checkbox"/> | Class              |
| <input type="checkbox"/> | Dinner/Dance/Party |
| <input type="checkbox"/> | Seminar/Lecture    |
| <input type="checkbox"/> | Vendor Table       |
| <input type="checkbox"/> | Athletic Event     |
| <input type="checkbox"/> | Other              |

### TECHNOLOGY EQUIPMENT REQUIRED

- |                          |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | None             |
| <input type="checkbox"/> | Lectern          |
| <input type="checkbox"/> | Computer         |
| <input type="checkbox"/> | Screen           |
| <input type="checkbox"/> | LCD Projector    |
| <input type="checkbox"/> | Microphone       |
| <input type="checkbox"/> | Conference Phone |
| <input type="checkbox"/> | Other: _____     |

**ROOM PREFERENCE**

<input type="checkbox"/>	Classroom
<input type="checkbox"/>	Computer Lab
<input type="checkbox"/>	Meeting Room
<input type="checkbox"/>	Information Table
<input type="checkbox"/>	Gymnasium/Stadium
<input type="checkbox"/>	Theater
<input type="checkbox"/>	Other Athletic Facility

**PREFERRED ROOM SIZE**

<input type="checkbox"/>	Less than 15 people
<input type="checkbox"/>	16-30 people
<input type="checkbox"/>	31-50 people
<input type="checkbox"/>	51-100 people
<input type="checkbox"/>	101+ people

**SET UP PREFERENCE**

<input type="checkbox"/>	As Is - Room has fixed seating which cannot be moved from original configuration
<input type="checkbox"/>	Banquet Style - Round tables set with a maximum of eight to ten (8-10) chairs at each
<input type="checkbox"/>	Classroom Style - Tables with chairs facing front
<input type="checkbox"/>	Conference Style - Six foot rectangle tables set up in square or U-shape
<input type="checkbox"/>	Lecture Style - Chairs set up in row seating with center aisle and head table
<input type="checkbox"/>	Theater Style - Chairs only facing front

**OTHER NEEDS**

<input type="checkbox"/>	Catering
<input type="checkbox"/>	Guest Parking
<input type="checkbox"/>	Network Access
<input type="checkbox"/>	Box Office/Ticket Sales

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I have read and will abide by Norfolk State University's Policies and Procedures for Facility Use. All activities must be approved by university officials before any activity can take place. Advertising for an event is prohibited before the event is confirmed. No event is confirmed until the required deposit has been received.

\_\_\_\_\_  
Signature of Responsible Person

\_\_\_\_\_  
Date

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**UNIVERSITY USE ONLY****UNIVERSITY OFFICIALS**

Davida Williams \_\_\_\_\_  
Director, Auxiliary Services

Date \_\_\_\_\_  
Approved **Y** **N**

Gerald E. Hunter \_\_\_\_\_  
Vice President for Finance and Administration

Date \_\_\_\_\_  
Approved **Y** **N**