

Please send this form to law-reservations@sandiego.edu

UNIVERSITY OF SAN DIEGO SCHOOL OF LAW
FACILITIES RESERVATION FORM

Organization Name: _____ Today's Date: _____

Title of Event: _____

Date of Event: _____ Estimated Attendance: _____

Day: M__ T__ W__ TH__ F__ Sa__ Su__ Time: Start _____ am/pm End _____ am/pm

Room(s)/Area(s) Requested: 1st choice: _____

2nd choice: _____

Responsible Party/Contact Person: _____

Phone #: _____ E-mail: _____

PROGRAM INFORMATION

Content of Program (theme, topic): _____

Speaker(s):

Name: _____ Affiliation: _____

Name: _____ Affiliation: _____

Other Sponsoring Organization(s): _____

Food: Yes ___ No ___ (If yes, USD Catering ___ or Off-Campus Catering ___)

Alcohol: Yes ___ No ___ Approval by Office of Student Affairs: Yes ___ No ___

Room reservation will be pending until event is approved by Office of Student Affairs (approval form must be submitted with this reservation form for room reservation to be processed)

Type of Set-up (if other than classroom set-up, please advise and/or attach diagram):

Equipment Needs:	___ Tables (Qty ___)	___ Data Projector/Screen
	___ Extra Chairs (Qty ___)	___ Slide Projector/Screen
	___ Microphone (Qty ___)	___ TV/VCR/DVD
	___ Podium (Qty ___)	___ Overhead Projector
	___ Easels (Qty ___)	___ Other: _____

Other notes/explanations: _____