



**Comstock
Memorial
Union**

Student Organization Weekly Room Request Form

For Office Use Only

Date Received: _____ Time Received: _____ Confirmation #: _____

Instructions: *One Room Request per form.*

Weekly room request forms will be accepted starting at 8:00 am **Monday, April 26, 2010** for the Fall 2010 semester. Please turn in to the CMU Main Office, Room 115. Any forms received before the acceptance date and time will not be processed and will be returned to the organization through inter-campus mail. Forms must be completely filled out or they will be returned. All requests made with this form are considered tentative until the Event Services Office confirms them via email.

Organization Name: _____

Student Name: _____

Student Telephone: _____ **MSUM Email:** _____

Faculty/Staff Advisor:

Name: _____ Email Address: _____

Phone Number: _____

On the calendars below, please circle or highlight the dates your organization plans to meet:

August 2010

S	M	T	W	H	F	S
	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September 2010

S	M	T	W	H	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October 2010

S	M	T	W	H	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Break Hours In Effect
 8/16 - 8/22 Orientation
 9/3 - 9/6 Labor Day Weekend
 10/8 - 10/12 Fall Breather
 11/24 No Night Classes
 11/25 - 11/28 Thanksgiving Break
 12-8 Study Day
 12/9 - 12/15 Final Exams
 12/16 Winter Commencement
 12/18 Holiday Break, CMU Closed

November 2010

S	M	T	W	H	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December 2010

S	M	T	W	H	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18

If a room is needed on any of the shaded dates, please contact the CMU Main Office. No reservations will be made on the shaded dates using this form.

Meeting Start Time: _____ **Meeting End Time:** _____

Do not include room set-up and prep time in your request times.

Please fill out the following information:

1st Room Choice: _____ 2nd Room Choice: _____

Minimum number of attendees: _____ Maximum number of attendees: _____

If multipurpose room, seating arrangement: _____ Number of chairs: _____

Special Room Set-up Instructions: _____

CMU Available Equipment:

The following equipment is available for use in your weekly meeting rooms. Please check those items you wish to have and list the specific dates you will need the equipment. Because of the limited quantities of equipment, please only request equipment for

- TV/VCR/DVD unit *Dates Needed:* _____
- Easel *Dates Needed:* _____
- Data Projector *Dates Needed:* _____
- Extension Cord *Dates Needed:* _____
- Lectern (tabletop) *Dates Needed:* _____
- Lectern (free standing) *Dates Needed:* _____
- Laptop Computer *Dates Needed:* _____
- Media Bundle Cord *Dates Needed:* _____
(203, 205, 227 only)

Multipurpose Rooms:

Room	Row Seating	U-Shape	Open Square
203	50	20	20
205	75	27	25
227	50	20	20

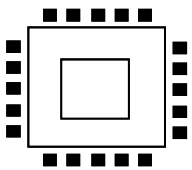
Board Rooms:

Room	Seating Style
204	10 - conference
207	20 - conference
208	20 - conference
212	7 - conference
214	20 - conference
216	20 - conference
218	13 - conference

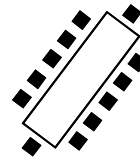
Other Equipment Available:

Piano (electric)
CD Player
Overhead Projector
Slide Projector
Media Cart
Podium
Phone or Internet
Wired or Wireless Microphones

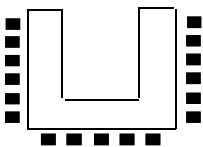
Seating Arrangements:



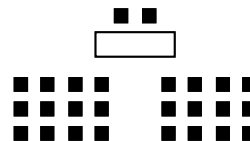
Open Square
 Provides notetaking space.
 Ideal for workshop discussions.



Conference
 Provides notetaking space.
 Allows participant interaction.



U-Shape
 Ideal for audio visual presentations.



Row Seating
 Provides the maximum seating capacity. Ideal for large groups.