**UTHSCSA ROOM RESERVATION REQUEST**

**ALL INFORMATION IS REQUIRED**

**(Use TAB key to advance to next field – Do not use ENTER key)**

**Email completed form to** [**Zunigaaa@uthscsa.edu**](mailto:Zunigaaa@uthscsa.edu) **(save file first then from toolbar select File/Send to)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Request Submitted: | | | | | | | | | Person Making Request: | | | | | | | | |
| Phone #of person making request: | |  | | | | | | | Email of person making request:      @uthscsa.edu | | | | | | | | |
| Department Sponsoring Event: | | | | | | | | | | | | | | | | | |
| PID for Sponsoring Department: | |  | | | | | | | | | | | | | | | |
| (Room use fees, if applicable, will be charged to this PID) | | | | | | | | | | | | | | | | | |
| Name of Budget Authority for this department: | | | | |  | | | | | | | | | | | | |
| Name of event: | | | | | | | | | | | | | | | | | |
| Will this event require videoconference services? | | | | | | Yes  No If so, location | | | | | | | | | | | |
| Complete description of event and how this event supports our university mission? (Attach additional sheets if necessary) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Name of outside (off campus) group: | | | | | | | | | | | | | | | | | |
| First Date of Event: | | | | | | | | | | | | | | | | | |
| Setup Time (If needed; 30 minutes before event recommended): | | | | | | | | | | |  | | | | | | |
| Event start time: | | | | | | | | | | | | | | | | | |
| Event end time: | | | | | | | | | | | | | | | | | |
| Breakdown time (If needed; 30 minutes following event recommended): | | | | | | | | | | | | | | | | | |
| Additional Dates and Times: | | | | | | | | | | | | | | | | |
| Date | Setup Time | | Event Start Time | | | | | | | Event End Time | | | Breakdown Time | | | |
|  |  | |  | | | | | | |  | | |  | | | |
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| Estimated Attendance: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Will outside attendees (non UTHSCSA employees) be invited to this event? | | | | | | | | | | | | Yes | | | No |
| If yes, who are the outside attendees? | | | | | | | | | | | | | |
| Will a fee be charged to attendees for any reason? | | | | | | | Yes | | | | No | | |
| Are corporate sponsors or vendors invited? | | | | Yes | | | | No | | | | | |
| If yes, how many? |  | | | | | | | | | | | | |
| (Fee of $100/vendor) | | | | | | | | | | | | | |
| Room Requested: (1st choice) | | | | | | | | | | | | | |
| (2nd choice) | | | | | | | | | | | | | |
| (3rd choice) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Must be arranged by reserving party: Room setups, x3-6452, A/V, x7-2210; UTPA-PD- Parking and Security --316-7151; | | | | | | | | | | | | | | | | | |
| Video Conference, X7-2214 . | | | | | | | | | | | | | | | | | |
| **Comments/Questions and/or expanded event description**: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

Office Use Only

Completed Date:           Confirmation Sent Date:      Changes Requested:      Reference #:

**Office of Facilities Space Planning & Real Estate- 210-567-2657 Revised – 09/2012**