

Date://	
Staff:	
Time:	
Office Use Only	07/2017

REQUEST TO USE EVENT SPACE

(UWM CAMPUS DEPARTMENTS)

Requested I	Event Date(s):	Event Name:		Est. Attendance:					
			Event Time(s): b	egin	AM/PM	to	end	AM/PM		
☐ Lectur☐ Dance	et	•			gram Descri	ptio	1 (required):			
Venue(s): ☐ Union Concourse ☐ Union Ballroom (Entire Space, East or West) ☐ Art Gallery ☐ Limited ☐ Alumni Fireside Lounge ☐ Wisconsin Room (Entire, East, West or Lounge) ☐ Union Cinema ☐ Availabil ☐ Meeting Room(s): (145, 179, 181, 183, 191, 198, 220, 240, 250, 260, 280, 340, 342, 343, 344, 346, 347) ☐ Ernest Spaights Plaza ☐ Pangaea Mall ☐ Other Outdoor ☐ Other (please specify)										
JWM Campus Department/Office:										
Primary Contact Person:					Phone: _					
Signature: _					E-mail: _					
Secondary Contact Person:										
_										
Unit Business Representative:					E-IVIAII: _					
Departmental Billing Information: A/V Equip - 2894										
			Account Fun	_	_		-			
* please note: this form serves as a request, and does not serve as a guarantee a space reservation * ** please note: Event Services may assign programs to comparable spaces due to availability **										
	ce Use Only	te. Event Service	es may assign pro	grains to com	parable spe	aces	due to availa			
1010)	ic osc omy	☐ Accept		Deny			☐ Wait List			
_	Assigned Event Space(s): (or reason for denial)									
		וגון)								
Reco	nfirm Date:		Ev	ent Times: _			to			
Event C	oordinator:		Re	served Times:			to			
Approv	ved/Denied By:		Da	ite:						

Location: Suite 300A of the UWM Student Union Phone: (414)229-4828 Fax: (414)229-7176

E-Mail: reservat@uwm.edu