

17	ate:	/	/		
	aff :			_	
	me:			_	
	ffice Us	se Onli	1/		

REQUEST TO USE EVENT SPACE

(UWM Registered Student Organization)

Requested Event Date(s):	Event Name:	Est. At	Est. Attendance:	
	Event Time(s): begin	AM/PM to end	AM/PM	
Type of Activity: ☐ Banquet ☐ Concert ☐ ☐ Lecture ☐ Exposition ☐ ☐ Dance/Party ☐ Reception ☐ Other (please specify)	Conference Film Screening	Program Description (required):		
Venue(s): Union Concourse Alumni Fireside Lounge Meeting Room(s): (145, 179, 12) Ernest Spaights Plaza Peck School of the Arts (please	Wisconsin Room (Entire, East 181, 183, 191, 198, 220, 240, Pangaea Mall □ Other (e specify)	, West or Lounge) □ Union 250, 260, 280, 340, 342, 343, 3 Outdoor	Cinema Availab 344, 346, 347)	
Sponsoring Registered Student Organ	nization:			
Primary Contact Person:		Phone:		
Signature:		E-mail:		
Secondary Contact Person:		Phone:		
		E-mail:		
UWM Faculty Advisor:		E-Mail:		
** please note, this form serves as a	request and does not serve a	s a guarantee space will be res	served.	
For Office Use Only		D W. 21.22		
Assigned Event Space(s): (or reason for denial)	☐ Deny	☐ Wait List		
Reconfirm Date:	Event Times:	to		
Event Coordinator:	Reserved Time	es:to		
Approved By:	Date:			

Located: Suite 300A of the UWM Student Union Phone: (414)229-4828 Fax: (414)229-7276

E-Mail: reservat@uwm.edu