



# CONRAD PREBYS AZTEC STUDENT UNION MEETING SPACES

## STUDENT ORGANIZATION

### REGULAR MEETING RESERVATIONS REQUEST

Only SDSU Student Organizations with current on-campus recognition may request a regular meeting space with the Student Union. Union Programs and Services will be following all deadlines set forth by Student Life and Leadership for Student Organizations.

Completed Regular Meeting Reservation Requests will be accepted at Union Program & Services Monday, March 26th, through Friday, April 6th, 2018. Submissions will be drawn at random to determine the order in which Regular Meeting Requests will be processed. Appointments to be scheduled with recognized student org. officers between April 9th to April 20th to review their assignment.

Requests must be submitted by one of the top five officers, as indicated by organizations listed in the SDSU Recognized Student Organization database (RSO). Requests must be submitted by an officer who will maintain officer status through Fall 2018 (i.e. not graduating or leaving their position).

## Fall 2018 - Spring 2019

Organization Name: \_\_\_\_\_

Officer's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate Officer's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**MEETING ROOM SETUP TYPE:** Room assignments to be made based upon availability and regularly expected attendance.

Mark 1 next to first choice, 2 next to second choice:     **Lecture**     **Hollow Square**

*Each meeting room has a set occupancy. Aztec Student Union staff will monitor and enforce all terms and conditions as set forth in Regular Meeting Reservation Agreements along with all Aztec Student Union Building Use Guidelines at all times. Organizations who violate these terms will jeopardize their current and future reservations.*

*Reservations for regular meetings will only be held during Academic Semesters. Meeting dates that fall under Holidays and/or outside of Academic Semesters will not be scheduled. In order to maximize the number of organizations and meetings per week, please specify the exact amount of time actually needed for your meeting. Organizations may not exceed more than 2 hours per week, with additional default 15 minute load-in and 15 minute load-out per meeting.*

**DATE AND TIME:** (Please schedule for Fall 2018 - Spring 2019)

**Start Date:** \_\_\_\_/\_\_\_\_/2018 (Space available beginning 8/27/18)    **End Date:** \_\_\_\_/\_\_\_\_/2019 (Space not available after 5/9/19)

**DAY OF WEEK / RESERVATION TIME:** (Meeting must start on the hour or half-hour)

**FIRST CHOICE**

**Day of the Week:**  Sunday     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

**Start Time:** \_\_\_\_:\_\_\_\_  am  pm (Not earlier than 8:00am)    **End Time:** \_\_\_\_:\_\_\_\_  am  pm (No later than 9:30pm)

**SECOND CHOICE**

**Day of the Week:**  Sunday     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

**Start Time:** \_\_\_\_:\_\_\_\_  am  pm (Not earlier than 8:00am)    **End Time:** \_\_\_\_:\_\_\_\_  am  pm (No later than 9:30pm)

**REGULARITY:**  Weekly     Every Other Week     Monthly     Other (specify dates) \_\_\_\_\_

**REGULAR EXPECTED ATTENDANCE NUMBER:** \_\_\_\_\_

**AUDIO-VISUAL EQUIPMENT NEEDED:**  Yes     No

*All rooms are equipped with a display and sound system, users must provide a VGA or HDMI compatible laptop. Mac adapters are available for checkout at the Information Center.*

*I understand that I will receive information regarding the status of our application via the contact information I have provided. I agree that the information is correct and I will not hold the Associated Students responsible if any messages to the contact information provided are undeliverable. I also acknowledge that it is our organization's responsibility to sign and return the Reservations Agreement to the Union Programs & Services Office 10 business days after receiving the agreement along with submission of Event Approval System.*

*As an officer of our organization, I hereby state that the information provided in this request is accurate and understand that providing false information may result in forfeiture of our application.*

Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty/Staff Adviser's Signature \_\_\_\_\_ Date \_\_\_\_\_