



UA Student Union Meeting Room Reservation Form

sueventplanning@email.arizona.edu

520-621-1414 Main 520-621-2545 Fax

Client / Organization Information					
Organization / Department			Contact Name		
Address			Email	Phone	
City	State	Zip	Fax	Cell	
Advisor Name <i>(for student groups only)</i>			Email	Phone	
Billing Information					
Organization / Department			Contact Name		
Address			Email	Phone	
City	State	Zip	Fax	Cell	
Account #	Sub Account #		Sub-Object Code	Project Code	
Event Information					
Title of Event		Event Date		Start Time	End Time
Type of Event		Number of Guests		Room Preference*	1
				<i>prefernce only, not guarenteed</i>	2
Recurring / Multiple Reservation				Setup Information	
Jan	Feb	Mar	Apri	Block/Conference Table	
				Theater/Auditorium	
May	June	July	Aug	Classroom	
				Banquet Rounds	
Sept	Oct	Nov	Dec	U Shape	
				Hollow Square	
NOTES				Reception	
				Other _____	
				AV Information	
		Projector		Easel	
		Laptop		Extension Cord	
		Podium with Mic		Screen	
		Handheld Mic			
		Other _____			
Food/Beverage					
Yes		No		Undecided	
<i>An Event Planner will contact for specific menu needs once space is confirmed.</i>					
			Requested By:		
			Date:		

Please complete form and fax or email back to the event planning office. We will respond within 3 business days from receipt.