

CSIL Event Application

EVENT NAME			
REQUESTED EVENT DATE(S)	EST. START TIME	EST. END TIME	
EST. ATTENDANCE			
REQUESTED ROOM(S)			
GROUP NAME			
REQUESTED BY			

Event Type

- | | | | | |
|-------------------------------------|-----------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Ceremony | <input type="checkbox"/> Class | <input type="checkbox"/> Conference | <input type="checkbox"/> Dance Party |
| <input type="checkbox"/> Exhibition | <input type="checkbox"/> Fair | <input type="checkbox"/> Film/TV Production | <input type="checkbox"/> Film Screening | <input type="checkbox"/> Lecture |
| <input type="checkbox"/> Meal | <input type="checkbox"/> Meeting | <input type="checkbox"/> Performance | <input type="checkbox"/> Public Forum | <input type="checkbox"/> Photo Shoot |
| <input type="checkbox"/> Reception | <input type="checkbox"/> Training | | | |

☐ Event Description: Please describe the theme, subjects, and goals of your event.

Please select the intended audience for your event.

- | | |
|--|---|
| <input type="checkbox"/> Internal Guests | <input type="checkbox"/> Internal Guests + CUNY |
| <input type="checkbox"/> External Guests | <input type="checkbox"/> External Guests + CUNY |
| <input type="checkbox"/> Internal + External | <input type="checkbox"/> Internal + External + CUNY |

Will there be a large presence of minors (children under the age of 18) at your event?

- ☐ Yes
☐ No

Please describe any signage you will be using at your event. Please note: All signage must be approved by Space Reservations before printing and placement.

Will there be catering at your event?

- ☐ Yes
☐ No

Name of caterer:

Will Sterno be used by your caterer?

- ☐ Yes
☐ No

Contractual Service (e.g.: speaker, performer, etc.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Internal Services | <input type="checkbox"/> Internal Services + CUNY | <input type="checkbox"/> Internal + External + CUNY |
| <input type="checkbox"/> External Services | <input type="checkbox"/> External Services + CUNY | <input type="checkbox"/> Internal + External |

Please give a description about the vendors services and the vendor name:

Guest Speaker/ Guest(s)/VIP

- ☐ CUNY Guest/Speaker
- ☐ Internal Guest/Speaker
- ☐ External Guest/Speaker

Please write the name of the speaker(s)/ guests:

Audio Visual Services Needed: Please indicate the quantity you are requesting for each category.

AVS does not provide zoom services. Please contact DOIT for a D10 board, should you need this service.

- ☐ Q&A/ Wireless Microphone
- ☐ Table Microphone
- ☐ Podium Microphone
- ☐ Presentation Package (projector, laptop and screen)
- ☐ Music Playback

Indicate here:

Facilities Needed: Please indicate the quantity you are requesting for each category. Once your event is confirmed, we will provide you with your EMS ID number, which you will reference when you submit your work order for furniture setup.

- | | |
|---|--|
| <input type="checkbox"/> Chairs | <input type="checkbox"/> Red Carpet |
| <input type="checkbox"/> High Top Chairs | <input type="checkbox"/> Stage |
| <input type="checkbox"/> Rectangle Tables | <input type="checkbox"/> Step & Repeat |
| <input type="checkbox"/> Round Tables | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Bistro Tables | |

Indicate Here:

Faculty Advisor Name: _____

Faculty Advisor Signature: _____

I am aware of the above program: ☐ Yes ☐ No

Cohort Leader: _____

Signature: _____

I approve the above program: ☐ Yes ☐ No