

CSIL Event Application

		DATE
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 Name of caterer: _____

No

Will Sterno be used by your caterer?

Yes
 No

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

Internal Services *Internal Services + CUNY* *Internal + External + CUNY*
 External Services *External Services + CUNY 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