TABLE & CHAIR REQUEST FORM

Please submit to Event Services office in Aventura 209

Organization/Group/Department

Advisor/Faculty/Staff Name (if completed by student)

Name of Requestor

Phone/Ext. Box # E-mail

Event to be Promoted

Signature of Advisor/Faculty/Staff (if completed by student)

*Table & Chair requests **must be made** at least **48 hours prior** to the initial setup*

TABLE REQUEST INFORMATION:

Number of Tables Requested: _____

☐ *We do not offer or provide tablecloths. Only 6ft. tables available.*

Event Date Time

Set-up Date Time

Set-up Location

Table Delivery ***(weekdays only)***

☐ 9:30 AM on _____ (date)

☐ 2:30 PM on _____ (date)

Table Pick-up ***(weekdays only)***

☐ 9:30 AM on _____ (date)

☐ 2:30 PM on _____ (date)

Please list all of the materials that will be set up, displayed, handed out, etc.

CHAIR REQUEST INFORMATION:

Number of Chairs Requested: _____

☐ *Please be prepared to pick up chairs from Aventura 209 if less than 30 chairs. Office hours M-F 8:30am- 4:30pm*

Event Date & Time:

Set-up Date/Time:

30 or less chairs

Chair Pick-Up (M-F 8:30 AM - 4:30 PM)

Pick-up Date & Time

Drop off Date & Time

Set-up Location

30+ chairs

Chair Delivery ***(weekdays only)***

☐ 9:30 AM on _____ ***(date)***

☐ 2:30 PM on _____ ***(date)***

Chair Pick-up ***(weekdays only)***

☐ 9:30 AM on _____ ***(date)***

☐ 2:30 PM on _____ ***(date)***

Set-up Location

For Office Use Only: *Placed on Chart* _____ *Date Emailed Confirmation* _____

Revised Dec 2016