CLARK ATLANTA UNIVERSITY
THOMAS W. COLE JR., RESEARCH CENTER FOR SCIENCE AND TECHNOLOGY
(SRC)/DAVAGE AUDITORIUM

Request for Use of Conference Room/ Auditorium Form

*FACILITIES ARE FOR APPROVED UNIVERSITY OFFICIAL BUSINESS MEETINGS OR FUNCTIONS ONLY*
Form must be submitted one week prior to event. Incomplete forms will not be processed.

Today's Date __________ / __________ / __________
Faculty [X] Staff [X] Student [X]

Name: __________________________________________ Phone: __________ Fax: __________ Number in Group: __________
(Please Print)

E-mail Address (Required): ________________________________

School, Office, Department or Organization: ________________________________

Date of Event: __________ / __________ / __________
Day of Week: ________________________________

Name of Advisor for Student Organizations: ________________________________
(Please Print)

Event Starting Time: __________ Event Ending Time: __________

Event Setup Time: __________ Event Breakdown Time: __________

Purpose of Use of Facility: ________________________________________________

Special Guests: __________________________________________________________

Food Catered: [X] Yes [ ] No

Technical Equipment Used (if yes, what type?): [X] Yes [ ] No

(i.e., A/V Equipment)

All technical equipment is provided by the user and is not the responsibility of this office.

Room Request:
[ ] Davage Auditorium/ HW
[ ] Board Room
[ ] Conference Room 1037
[ ] Conference Room 1047
[ ] Exhibition Hall
[ ] Lecture Hall
[ ] SRC Auditorium

Set Up Style:
[ ] Classroom Style
[ ] Buffet Style
[ ] Auditorium Style
[ ] L-Shape
[ ] U-Shape
[ ] Square

Type of Event:
[ ] General Meeting
[ ] Site Visit
[ ] Seminar
[ ] Workshop/Conference
[ ] Other ________________________________

Signature: ________________________________ Date: ________________________________
Unit Head, Dean, Chair or Center Director

Signature: ________________________________ Date: ________________________________
Advisor (Required for student organizations)

Signature: ________________________________ Date: ________________________________
Dean of Student Affairs (Required for student organizations)

Signature: ________________________________ Date: ________________________________
Public Safety (Required for all events after 5 p.m. and on weekends)

Please return to 313 Haven Warren or fax to 8871. The reservation will not be confirmed without required signatures.

Calendars for SRC conference rooms and Davage Auditorium can be viewed at http://owa.cau.edu/public Calendars are updated daily, but keep in mind that requests are approved on a "First-Come First-Served" basis. If a time has been requested and the calendar has not yet been updated, you will be notified of this change. Priority is given for certain considerations.

The privilege of using the facilities of Clark Atlanta University (CAU) is granted with the expressed understanding that the policies of CAU regarding proper conduct will be observed. The sponsored organization accepts responsibility for the department of its membership and guests. Violations of CAU policy may render an organization ineligible for future use of the facility.

FOR OFFICE USE ONLY:
[ ] Approved [ ] Disapproved Room Assignment: ________________________________

By: ________________________________ Date: ________________________________