



College of Osteopathic Medicine

SAM HOUSTON STATE UNIVERSITY

EVENT REQUEST FORM

CONTACT INFORMATION

Name: _____ SAM ID #: _____

Phone Number: _____ Email Address: _____

EVENT INFORMATION

Department or Organization: _____

Event Sponsor Type: Student Faculty Staff Community

If student org., please list COM advisor - Name: _____

Phone Number: _____ Email Address: _____

Event Name: _____

Event Type: Internal External Virtual (check all that apply)

Room Request: _____ Estimated Attendance: _____

Are you hosting any outside guests or speakers?*

Desired Date(s): _____ Event Start Time: _____ Event End Time: _____

RESOURCES REQUEST *

Please indicate any audio visual, sound, and building service support needs.

Tables Chairs Podium Microphone/s Projector Screen Laptop Other

Will food be served? If yes, explain:

Please provide a brief description and the purpose for your event.

*Please complete reverse side of reservation request form.

1. SHSU-COM Event Requests must be completed and submitted to the Communications & Events Specialist at least (30) working days prior to any event in order to ensure timely processing, confirmation of availability, and any costs associated with the production of the event. If an event should exceed 100 guests, additional notice will be required. Please contact the Communications & Events Specialist, COM-Communications@shsu.edu.
2. Compliance with all SHSU building policies and procedures is required at all times for all events. Inappropriate conduct or any misuse of a facility may result in the suspension and/or termination of the right to request or reserve space.
3. The proposed use of the COM facilities must be appropriate and suited to the size, structure, purpose, and operational cost of the facility.
4. If a preferred location is not provided, we will assign a suitable location to meet the needs of your event. If an event location is provided but is not available, we will identify a comparable space to offer as an alternative.
5. SHSU-COM may, at any time, reassign or cancel a reservation/confirmation if, due to unforeseen or uncontrollable circumstances, the space reserved must be used for other purposes in the best interest of the institution or such reservation is deemed outside of the overall University mission and goal.
6. All ordering and funding of food, beverages, and catering is the responsibility of the requester.
7. Safety of guests in the facility is our number one priority. At no time may doors, fire exits, foot traffic paths, hallways, or elevators be blocked or restricted by events or the set up for events.
8. The COM is not responsible for any items lost, stored, or left in the building.
9. Guests are responsible for their own trash.
10. Some events may require additional services that are the financial responsibility of the sponsoring club/organization, i.e. cleaning, public safety, etc.
11. All reserved spaces must be returned to their original set up after the event. Failure to adhere will result in your club/organization's denial of future events and/or a fine.
12. No purchasing of materials or marketing of an event may take place without explicit approval from the Dean's Office. Once approved, the requester will receive email confirmation.

Submitting this form indicates that your club/organization accepts all financial responsibility of the event and understands and agrees to all policies set forth with holding a function.

I, the undersigned, have reviewed the policies set forth in this form and agree to all terms herein

Requestor Name _____

Signature _____

Date _____

Advisor or Learning Community Sponsor
(If applicable) _____

Signature _____

Date _____

DATE RECEIVED: _____

H.HANEY REVIEW: _____

SCHEDULED FOR DEPARTMENT HEAD REVIEW: _____

SCHEDULED FOR DEAN'S OFFICE REVIEW: _____

DEPT. HEAD REVIEW/DECISION: _____ APPROVE AS IS

DEAN REVIEW/DECISION: _____ APPROVE AS IS

_____ APPROVE WITH MODIFICATIONS

_____ APPROVE WITH MODIFICATIONS

_____ DENIED

_____ DENIED