



Organization Name: Design for America at UIUC

Date Filed:

List any other event partners: N/A

Title of Event: DFA All Studios

Event Details:

Weekly meetings for the entire club to meet and further their learning of the human-centered design process

Please list alternative dates or locations in case your first choice is not available.

Date(s)	Hours From To		Estimated # of Attendees	# of Seats Needed	Need IT Equip? Y/N	Requested Space(s)	Space Assigned For Office Use Only
Sundays	12pm	3pm	34	38	Y	NHB 2078, Armory 134, Gregory 215, Siebel 1214	
Total number of rooms requested: 1			The Facility Request is confirmed via email from the appropriate facility.				

☐ Y ☒ N 1. Is your primary audience for this event/activity persons who are non-UIUC students under the age of 18?☐ Y ☒ N 2. Will there be an admission charge, entry fee, sale of items or money generated in relation to this event?
Organizations are required to deposit any such funds into their Organization Fund Account. Please complete the Event Budget Form and attach to this request☐ Y ☒ N 3. Is this event a fund-raiser for Charity? If yes, name of Charity?☐ Y ☒ N 4. Will there be a non-UIUC affiliated speaker/performer? If yes, provide name:☐ Y ☒ N 5. Will there be any non-UIUC individuals attending or invited to this event? If yes, what is the estimated percentage?☐ Y ☒ N 6. Do you plan to serve or distribute food/drink? If yes, describe type of food and who will serve:☐ Y ☒ N 7. Do you need special set-up? (Alterations of facilities, need for equipment or services such as tables, audio-visual/multi-media, microphones, etc.)

If yes, please describe set-up needs and draw/attach a diagram if applicable:

Org Fund Acct:

An account number must be provided if charges will be incurred for the space reservation.

The sponsoring group is responsible for adhering to all University policies, federal and state laws, and city ordinances. The facility has a right to assess fees for any damages.

Signature of
Authorized Agent:

UIN: 669383819

Event Contact
Person:

Aaron Alberg

Illinois Email: aalberg2@illinois.edu

Print Form

Do Not Write Below This Line (For Office Use Only)

Contact Phone: 773-807-6139

Reservation ID:

RO Office Approval:

Date:

Facility Approval:

Date: