

EVENT NO:

For Student Resources Use Only

SPACE ALLOCATION AND HOSTING SERVICE REQUEST FORM**1. INFORMATION ABOUT THE EVENT AND THE PLACE**TOPIC OF THE EVENT: EVENT's :
*Date Starting time Ending time # of Participants*PLACE RESERVATION BEFORE THE EVENT (If needed) : *Starting time* :PLACE RESERVATION AFTER THE EVENT (If needed) : *Ending time* :ORGANIZING:
*Unit & Person Telephone (Ext.)*SPONSOR OF THE EVENT (If any): PLACE OF THE EVENT:
*Name of the Building Number or Name of the Room*TO BE POSTED AT THE EVENTS CALENDAR ? Yes ☐ No ☐**2. TECHNICAL EQUIPMENT REQUESTED FOR THE EVENT**

<input type="checkbox"/> Projector	<input type="checkbox"/> Overhead	<input type="checkbox"/> Drop curtain	<input type="checkbox"/> Flip-Chart
<input type="checkbox"/> Slide	<input type="checkbox"/> Microphone	<input type="checkbox"/> TV	<input type="checkbox"/> Video
<input type="checkbox"/> Phone	<input type="checkbox"/> Music set	<input type="checkbox"/> Clip microphone	
<input type="checkbox"/> Fax	<input type="checkbox"/> Audio Recording	<input type="checkbox"/> Other	<input type="text"/>

3. SEAT ORDER REQUESTED FOR THE EVENT

<input type="checkbox"/> U Style	<input type="checkbox"/> Straight Rows	<input type="checkbox"/> Lectern	<input type="checkbox"/> Theatre Style
<input type="checkbox"/> V Style	<input type="checkbox"/> Round	<input type="checkbox"/> Head-Table (.....Person)	<input type="checkbox"/> Other <input type="text"/>

4. CATERING SERVICE REQUESTED FOR THE EVENTHOSTING PLACE: CATERING:
Starting time Ending time # of Participants Cost Price for Dining (TL)

<input type="checkbox"/> Tea-Coffee	<input type="checkbox"/> Tea-Coffee-Cookie	<input type="checkbox"/> Formal Dining
<input type="checkbox"/> Cocktail	<input type="checkbox"/> Cocktail-hors d'oeuvres	<input type="checkbox"/> Other <input type="text"/>

CATERING SERVICE EXPENSES COVERED BY:
*Unit Budget Code Project Code (If any)***5. PERSONAL NOTES OF THE REQUESTER (if any)**SIGNED (By the Unit Manager if there shall be any expenditure from the budget; by the applicant otherwise): _____
DATE: _____**6. ALLOCATION INFORMATION (For Student Resources Use Only)**

- If the space, date and time is confirmed by the System, this part is to be completed and submitted to the Univ. Operations Unit. The Requester is informed in writing.
- Otherwise, the case is reported to the requester. If an appropriate solution could not be found, this form will be handed back to the requester without completion of the part below.

Allocated Space: Date: Time:

Signature of the Responsible Person: _____ Date Processed: _____