# SIGCSE 2016 Pre-Conference and Affiliated Event Form

## Instructions:

## Use this form to request a meeting space for your pre-conference or affiliated event. Completing this form does not guarantee that space will be available, however we will do our best to accommodate your Event.

## If we can accommodate your event

## Information you provided on this form will be listed on the SIGCSE 2016 website.

## SIGCSE will bill you for the space for your event.

## You are responsible for managing the registration and individual attendee fee collection for your event.

## You will receive informaton regarding whom conact to make separate arrangements for food and beverages. The SIGCSE planning committee does not handle food and beverage orders for pre-conference and affiliated events.

## Complete this form and email to Rachelle Kristof Hippler – [rkristo@bgsu.edu](mailto:rkristo@bgsu.edu)

1. We will respond by September 1 to let you know if we can accommodate your event. More information to help you with your event will be provided at that time.

## Event Information for Website

Provide information for your event. The information you provide below will be posted on the SIGCSE 2016 website.

### Title of Event (as it should appear on the conference website and program):

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### Brief description of the event:

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### URL for additional information:

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### Cost per participant:

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### URL or contact information for Registration & Payment:

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### Other instructions or information you would like posted on the website:

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## Logistics & Scheduling Information for Event

Provide information for your event. The information you provide below will be used to help us ensure your space is set up the way you need it for your event.

### Contact Person for Scheduling

|  |  |
| --- | --- |
| Name: |  |
| Affiliation: |  |
| US Mail Address: |  |
| Email: |  |
| Phone (prior to conference): |  |
| Phone (during conference): |  |

### Contact Person for Payment for Room/AV/Food and Associated Costs

### \_\_\_ Same as Contact Person for Scheduling (see above)

|  |  |
| --- | --- |
| Name: |  |
| Affiliation: |  |
| US Mail Address: |  |
| Email: |  |
| Phone (prior to conference): |  |
| Phone (during conference): |  |

### Maximum number of people attending event (include all people will be in the room):

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### Date/Time

Provide the duration of your event and first three choices for date and general time for your event.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Duration** | **Date** | **All Day Event** | **Morning**  **Event** | **Afternoon Event** | **Evening**  **Event** |
| ***Example*** | ***3 hrs*** | ***5/5/2015*** |  | ***x*** |  |  |
| **First Choice** |  |  |  |  |  |  |
| **Second Choice** |  |  |  |  |  |  |
| **Third Choice** |  |  |  |  |  |  |

### Room Set Up

By default, rooms will be set-up classroom style. Please indicate any other room set up requests below. Room reconfiguration may be subject to extra fees.

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### A/V Requests

List all A/V resources you will need (e.g. podium, microphone(s), projector, screen, power strips, flipcharts, markers, etc.). A/V resources may be subject to extra fees.

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### Special Requests

Explain any other special requests for the set up of your event space.

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