E-mail Form

Print Form

DREXEL UNIVERSITY
Event & Conference Services

Drexel Business Services | Division of Student Life & Administrative Services
3210 Chestnut Street * Suite 001 * Philadelphia, PA 19104 * Phone: 215.895.2520 * Fax: 215.895.0580 * E-mail: reservations@drexel.edu * www.drexel.edu/eventservices

General Reservation Request Form

General Information

Organization/Department Name:

Event Contact Name:

Phone Number: Fax Number: E-mail:

Event Information

Name of Event/Meeting:

Description of Event/Meeting (Please details what you are planning to do during the course of this event)

Date: Alternate Date: Estimated Attendance:

Desired Location: Alternate Location:

Rain Location: Attendance Demographic :

Set-Up Time: Event Start Time: Event End Time: Breakdown Time:

Legal Requirements

This section should be filled out only if you are hosting this event in conjunction with an external organization/company.

Cosponsoring-Sponsoring Organization:

Relationship w/ Dept./Org.:

Admission/Registration Fee Amount: Group Paying for Charges:

Events affiliated with outside organizations are subject to University legal requirements. These organizations are required to submit contracts and proof of insurance to the Event & Conference Services Office prior to confirmation of the reservations. Facility rental fees may apply. It is the sole responsibility of the department/organization to submit to the Event & Conference Services Office/Office of Campus Activities/Office of the General Counsel all contracts made with external vendors and services.

Service Requirements

Please be advised that all audio-visual requests should be submitted via the Request for Audio-Visual Services form.

Please provide a description of what you physically need in the space for this event:

Billing

Department/Organization account number is **required** for all reservations.

Payment Type: Dept./Org. Transfer Account # (10-Digits): Request Submitted By:

I DECLARE, BY SUBMITTING THIS REQUEST, THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND ANY CHANGES WILL BE SUBMITTED IN WRITING. I HAVE READ AND UNDERSTAND THE LEGAL REQUIREMETNS. AS THE EVENT CONTACT PERSON, I UNDERSTAND THAT I AM THE SOLE CONTACT WITH THE EVENT SERVICES OFFICE DURING THE PLANNING STAGES AND DAY OF EVENT. I ALSO UNDERSTAND THAT THIS DOCUMENT IS SIMPLY A REQUEST AND IS NOT CONFIRMED UNTIL A RESERVATION NUMBER IS PROVIDED.

OFFICE USE ONLY

Reservation #: Confirmed By: Date Approved: Date Received: