

Application For Scheduling an Event At Rowan University
Please complete this ENTIRE form and return it, along with the following to:

*Jennifer L. Gradzki, Conference & Event Services, Coordinator
Rowan University, 201 Mullica Hill Road, Glassboro, NJ 08028
Phone: (856)256-5446 / Fax: (856)256-5605*

Instructions:

1. Please include the following:
 - ◆ The formal request on your **Organization Letterhead**.
 - ◆ A copy of your proposed program schedule.
2. Please note the following:
 - ◆ Submission of this form does not obligate *Rowan University* to accommodate your program.
3. Upon receipt of your completed application and accompanying information, the *Office of Conference and Event Services* will respond to your request.

<i>Conference and Event Services Application</i>

Date: _____

1. **Name of Organization:** _____

A. Type: Profit, Non-Profit, Educational, Cultural, etc.

B. Tax - Exempt Number (if applicable)

_____ (Need to Provide Certificate prior to Contract)

2. **Event Name:** _____

A. Type: Fund-raising, Lecture, Meeting, Conference, etc.

B. Open to Whom? _____

C. Fees to be Charged (cost for attendees?) _____

D. Collecting Money at Door? YES / NO

3. **Desired Date(s):** _____

Time Started _____ Time Finished _____

Set Up Time: _____ Clean Up Time: _____

Alternate Date (s) _____ Alternate Time (s) _____

(If performance)

Rehearsal Dates/Times: _____

Performance Dates/Times: _____

Intermission length: _____ Length of program: _____

4. **Name of Person (s) in Charge:** _____
Address _____
Phone: _____ Fax: _____
E-mail _____

5. **Estimated # of Participants In Attendance:** _____
How many are adults? _____ How many are children? _____
Parking desired for how many cars? _____

6. **Equipment Desired:** (tables, chairs, podium, etc.)

7. **Staging/Lighting/Sound Needs:** (for events held in Pfleeger or Boyd Halls)

8. **Type of Facilities Desired:**
A. Formal Ballroom _____ B. Classrooms _____
C. Theatre _____ D. Auditorium _____
E. Recreation Locations (please specify: gym/ pool, etc.) _____
F. Resident Hall Accommodations Needed? YES / NO
(If so, housing for how many people?) _____
G. Other _____

9. **Services Desired** (check if needed):
A. *Audio-visual Equipment:* _____
B. *Safety Officers:* _____ (required if money is exchanged at the door)
C. *Food Services:* Meals: YES / NO

10. **Additional Comments/Accomdatations:** _____

