



HSC Staff Member _____

Date Reserved _____

Health Sciences Center
University of Oklahoma
StudentAffairs

David L. Boren Student Union Reservation Form

Room _____ Date _____ Day _____

Time Requested (includes set-up and clean up) _____

Group/Event _____

Category

- Registered Student Organization
- Non-Registered Student Organization
- University
- Non-University

- Flipchart and Holder
- Overhead Projector
- Slide Projector
- TV / VCR
- Other _____

Event

- Meeting
- Reception
- Booth/Display
- Luncheon
- Dinner
- Other _____

Catering

- University Food Services
- Outside Vendor

Set-up

- Standard
- Theater
- Classroom
- U Shape
- Square
- Welcome Table
- Other _____

Equipment

- Podium
- Microphone
- Screen
- Dry Erase Board
- Easels

Estimated Attendance _____

Contact Name _____

Phone (____) _____ Alt. Phone (____) _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Comments _____

For office use only

Deposit Due _____

Deposit Paid _____

Amount Due _____

Amount Paid _____

Receipt Number _____

Date Received _____

- No Charge** _____
(reason for no charge)
- Cash**
- Check** **Check #** _____
- SUR**
- Other** _____

Billing Contact _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (____) _____ **Alt. Phone** (____) _____

Staff Initials _____