



CONNECT | ENRICH | TRANSFORM

## Blue Works Event Use Request Form

### Date of Request

### Contact Information

Group Leader/Contact:

Organization:

Billing Address:

Phone Number:

Alt. Phone Number:

Email

### Event Information

What is the name of your event?

Description of the event and its purpose.

Number of participants expected to attend?

What are the dates and times for this request?

Start Date:

End Date:

Start Time:

End Time:

If requesting the use of spaces over multiple days please indicate the start and ends times for each day of the event.

Date	Start Time	End Time
Date	Start Time	End Time
Date	Start Time	End Time
Date	Start Time	End Time

What kind of space are you needing for your event? Check all that apply.

Conference  
Room

Lecture/  
Presentation Hall

Informal Meeting  
Space

Balcony  
Viewing

Are you planning to have any food or catering at the event?      Yes                  No

Do you need access to the facility outside of your event dates and time?      Yes                  No

Use the space below to describe the reason you require this access and the dates and times you are requesting access.

Are you requesting any additional LUMCON services for your event?      Yes                  No  
If yes, check all that apply.

Tours

Coffee Service

IT support/  
Tech services

Delivery  
Support

Other, please describe.

If you have specific setup configurations for any space you requested please describe your needs below.

Do you have any audio or visual needs beyond the use of a projector and screen?      Yes                  No  
If yes, briefly tell us what your needs are.

**For internal use only**

Group Type:

K12/Consortium Member

Non-Consortium Member/  
Partner/Agency

Commercial/Private

Approved

Not Approved

Approver:

Date: