

Please type. Complete information and return to the Office of Continuing Education and Outreach. The pink copy will be returned to you with your confirmation number.

SPACE REQUEST FORM

College of Veterinary Medicine
 North Carolina State University
 4700 Hillsborough Street
 Campus Box 8401
 Raleigh, NC 27606-1499 • 919-513-6259

EVENT

Type: CE Program Student Activity CVM Special Event
 Use of CVM Facilities by affiliated organization

Title: _____

Sponsor: _____

Audience: _____ **# Expected:** _____

Sponsor Contact Person: _____ **Phone #** _____

Address: _____

CVM Contact Person _____ **Phone #** _____

DATE(S)

_____ **Times:** _____
 day of week month day year beginning ending

_____ **Times:** _____
 day of week month day year beginning ending

_____ **Times:** _____
 day of week month day year beginning ending

LOCATION(S)

_____ **Furniture for Commons areas:** _____
 room activity room activity

Other Furniture Needs: _____

Check here if furniture is to be removed _____

Check here if furniture is needed: _____

of chairs _____ # of tables _____

SPECIAL ARRANGEMENTS

Parking: _____

Other Needs: _____

Please check here if you plan to have live animals at this event.

Priority of use: Requests for use of CVM facilities should be submitted as far in advance as possible. Scheduling will be arranged on a first-come, first-served basis. In case of a scheduling conflict, priority will be given to DVM classes, graduate classes, faculty, students and staff activities, respectively.

Requested by: _____ **Date:** _____

Department/Class: _____ **Phone:** _____

E-mail: _____

Confirmed by: _____ Date: _____ Event #: _____