

DINING HALL - CONFIRMATION FORM

This Confirmation form must be submitted to our office via email within 10 business days after receipt of the approved HOLD.

Event Space:

_____ East Dining Room _____ Faculty Dining Room

Event Name: _____ Number of Attendees: _____

Event Date(s): _____

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

Department/Sponsored Group: _____

Contact Person: _____ Contact Telephone #: _____

Audio/Visual Media Needs: __ NO __ YES If yes, please contact Media Technology Services at least 5 business days prior to the event at media.services@Lehman.cuny.edu or at 718-960-7898.

Special Event Requirements (ex. Extra tables, Podium, Sign Stands etc.) please type here: _____

TERMS OF USE:

All departments and internal organizations, requesting the use of the subject space agree to comply with the following terms:

1. The party authorized to use a space will be responsible for any damage found to have been related to its event/attendees;
2. Users of the subject space are responsible for compliance with applicable Federal, State, Local and College laws, regulations and rules;
3. The proposed furniture configuration/layout for East Dining Room must be submitted to Event Planning & Reservations no later than 5 business days prior to the subject event;
4. The furniture configuration/layout for the Faculty Dining Room must remain "as is". Additional tables may be requested for use in the alcove area;
5. The requesting party is responsible for providing any and all supplies necessary for the subject event.
6. Decorations may only be placed on the wall using blue painters tape;
7. The piano is not for use and must not be used. In addition, it cannot be used as a display table, or to serve food.
8. Once permission is granted, the space may only be used during the time period to which was agreed; and
9. Any event cancellation must be conveyed, in writing, to the Office of Event Planning & Reservations no later than twenty-four (24) hours prior to the agreed set-up time for the event.

I, the undersigned, have read and agree to the above terms. I understand that any violation of these terms of use may result in financial liability and/or denial of any pending and/or future request(s) for approval to use Lehman College spaces.

Name of Event Requester

Signature: Div. Head/Dean/Vice President/Supervisor

Date