



**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](mailto: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. Once permission is granted, the space may only be used during the time period to which was agreed; and
8. 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