

UTHSCSA ROOM RESERVATION REQUEST

ALL INFORMATION IS REQUIRED

(Use **TAB** key to advance to next field – Do not use **ENTER** key)

Email completed form to Scheduling@uthscsa.edu (save file first then from toolbar select File/Send to)

Date Request Submitted:
Phone #of person making Request:
Department Sponsoring Event:

Person Making Request:
Email of person making request: @uthscsa.edu

PID for Sponsoring Dept. :
(Fees will only be charged in the event of damages to the room.)

Name of Budget Authority for this department:

Name of event:

Will this event require videoconference services? Yes No If so, location
Will this event have an external speaker? Yes No
Is AV assistance required? Yes No

Complete description of event and how this event supports our university mission? (Attach additional sheets if necessary)

Name of outside (off campus) group:

First Date of Event:

Setup Time (If needed; 30 minutes before event recommended):

Event start time:

Event end time:

Breakdown time (If needed; 30 minutes following event recommended):

Additional Dates and Times:

Date	Setup Time	Event Start Time	Event End Time	Breakdown Time

Estimated Attendance:

Will outside attendees (non UTHSCSA employees) be invited to this event? Yes No

If yes, who are the outside attendees?

Will a fee be charged to attendees for any reason? Yes No

Are corporate sponsors or vendors invited? Yes No

If yes, how many?

Room Requested: (1st choice)

(2nd choice)

(3rd choice)

Requesting party is responsible for arranging all other university services: Room Set-ups, 567-2937; Catering, 567-0766 or Uthscsa.catertrax.com; Special Event Parking, 567- 2793; Security, 567-2800; AV and Video conference, 450-0200; Emergency AV Assistance,567-1515.

Comments/Questions and/or expanded event description:

Office Use Only

Completed Date: Confirmation Sent Date:
University Scheduling -210- 562-5695
12/2023

Changes Requested:

Reference #:
Revised –