REQUEST FOR USE OF MERCER FACILITIES
Registrar's Office

Date of Event _____ Date Submitted _____
Start Time _____ End Time _____ Set Up Time _____
Requestor Name _____ Phone _____ Email _____

**** If Mercer student, please have the faculty or staff advisor of the organization sign this request.**

Student Advisor _____ Signature _____

**** If NOT a Mercer student, staff, or faculty, a Facilities Use Contract must be completed & approved by the Office of the Vice President before rooms can be reserved.**

Approval Signature _____ Date _____

Description of space requested or building/room if known _____

Description of event _____
Department/Organization _____
Estimate of number attending event _____

Who is Expected to Attend (circle one)
1 Only Organization/Department Personnel
2 Only Mercer Students
3 Other/Explain

Is there a charge for attending this event: Yes _____ No _____ Price per person _____

NOTE: You are responsible for contacting the following areas to give specific details of the requirements for your event. If you do not contact these areas, requirements for your event will not be met. For non-Mercer events, additional fees may be incurred for the following services.

Briefly describe services needed from:

Physical Plant (tables, chairs, etc.)	678.547.6355	_____
Food Services (Carlyle's Catering)	404.872.4231	_____
Media Services/technical support	678.547.6310	_____

Is this event likely to create walk-in traffic in the cafeteria? Yes ____ No ____ Date Carlyle's Notified _____

IMPORTANT POINTS TO CONSIDER

It is imperative that you cancel as soon as possible if you do not need the reserved space. Priority is given according to Mercer's priority policy on room usage.

Rooms Reserved _____
Dates _____

Revised 8/17/10