

- Please submit 5-7 days prior to first tabling date – submit to OSE *

TABLING REQUEST

Date submitted to OSE : _____

STUDENT ORGANIZATION: _____

Student Contact Name: (PRINT CLEARLY) _____

Contact Email: _____

TABLING DATE(S): _____

LOCATION: Outside Athenaeum: _____ Ath Lobby: _____

Outside Heubeck Hall: _____ Heubeck Lobby: _____

START TIME: _____ a.m. p.m. Set up time: _____ a.m. p.m.

END TIME _____ a.m. p.m. Clean-up time: _____ a.m. p.m.

PURPOSE OF TABLING: _____

NORMAL SET UP: 1 table/2 chairs – If need more, request here: _____

ITEMS AVAILABLE to SIGN OUT and BORROW from OSE:

One Card Reader _____ (club account number needed and own laptop)

Cash Box _____

Extension Cord _____

Whiteboard _____ (with OSE staff approval)

OSE use only (rev Feb 2017): Date & Time received: _____ Date entered: _____

Reservation # _____ Date Confirmed: _____ E'md. contact: _____ Initials: _____