

Space Request Form – External Clients - Lincoln Park Campus

Student Centers
Lincoln Park: 773-325-7346

Contact Information:

Request Date: ____/____/____

Company or Organization: _____

Name of Contact Person _____

Telephone No. _____ Email _____

Mailing Address: (Full Address including zip code) _____

Event Information:

Room/s Requested: _____ Number of Persons Expected to Attend: _____

Day (check day) M T W Th F Sa Su Date/s of Event: _____

Title of Event: _____

Time of Event: Start time: _____ am pm End time: _____ am pm

Set-up Information:

How would you like Room Set Up _____

Will you require Audio/Visual equipment? Yes No (Subject to availability)

If yes, please specify: _____

Catering:

Will food be served? Yes No

Will alcoholic beverages be served? Yes No

Please note: Chartwells Dining Services is the exclusive food and beverage service provider for DePaul University facilities. Contact the catering manager at 773-325-7499.

Insurance Requirements:(Check One)

Certificate Of Insurance Completed Special Event Insurance Policy

Method of Payment:

50% Deposit (non-refundable) & balance due no later than day of event

Please make checks payable to DePaul University

I have the authority to legally bind the organization which i represent herein, all university policies and regulations, including the guidelines and conditions of the space reservation form.

X _____ X _____
Signature of Person Responsible for Event Date of Signature

DePaul University

Student Centers

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