

**NORTHWESTERN HEALTH SCIENCES UNIVERSITY**  
STUDENT FACILITY USE APPLICATION

**Facility / Speaker Request**

**COMPLETED FORM MUST BE SUBMITTED TO STUDENT AFFAIRS AT LEAST ONE WEEK PRIOR FOR SPEAKERS/  
FUNDRAISERS AND TWO WEEKS FOR EVENTS**

APPLICANT \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_  
ORGANIZATION \_\_\_\_\_ ORGANIZATION LEADER \_\_\_\_\_  
ADVISOR \_\_\_\_\_

PROPOSED DATE OF EVENT: \_\_\_\_\_ ROOM: \_\_\_\_\_ or \_\_\_\_\_ TIME : \_\_\_\_\_ to \_\_\_\_\_

PROPOSED SPEAKER / VISITOR NAME(S)/PHONE# (Insert speaker biography below OR send as attachment)

PROPOSED THEME OF LECTURE / SEMINAR / EVENT (Including detailed description)

FEE FOR SPEAKER: YES  NO

SPEAKER FEE:

Honorarium \$ \_\_\_\_\_

Travel Cost \$ \_\_\_\_\_

Gift Certificate \$ \_\_\_\_\_

EXPECTED NUMBER OF ATTENDEES: \_\_\_\_\_

Will fees be assessed to attendees? YES  NO  (Fees may not be assessed to outside guests)

If yes, please explain:

Will visitors from outside the college be invited? YES  NO

I understand the policies that govern student organization sponsored speakers/events including financial policies and I take full responsibility in making sure that these policies are followed. I understand that we may not advertise for this speaker/event until this form is completed and approved.

## EQUIPMENT & SET-UP REQUESTS

### ROOM

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- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Auditorium                | <input type="checkbox"/> Lecture Room 1 | <input type="checkbox"/> Room 201 |
| <input type="checkbox"/> Auditorium Foyer          | <input type="checkbox"/> Lecture Room 2 | <input type="checkbox"/> Room 202 |
| <input type="checkbox"/> Cafeteria                 | <input type="checkbox"/> Lecture Room 3 | <input type="checkbox"/> Room 203 |
| <input type="checkbox"/> Cafeteria Conference Room | <input type="checkbox"/> Lecture Room 4 | <input type="checkbox"/> Room 205 |
| <input type="checkbox"/> Courtyard                 | <input type="checkbox"/> Lecture Room 5 | <input type="checkbox"/> Room 206 |
| <input type="checkbox"/> Gym                       | <input type="checkbox"/> Room 26        | <input type="checkbox"/> Room 207 |
| <input type="checkbox"/> Student Lounge            | <input type="checkbox"/> Room 27        | <input type="checkbox"/> Room 209 |
|  | <input type="checkbox"/> Room 28        | <input type="checkbox"/> Room 217 |
|  |   | <input type="checkbox"/> Room 219 |

### FURNISHINGS (PHYSICAL PLANT)

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- |  |  |
|--|--|
| <input type="checkbox"/> Table(s) (how many)<br>6' _____<br>8' _____<br>rounds _____ | <input type="checkbox"/> Chair(s)<br>Qty _____ |
|--|--|

### AUDIO VISUAL EQUIPMENT (A / V DEPARTMENT)

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- |  |   |  |
|--|---|--|
| <input type="checkbox"/> TV / VCR Unit       | <input type="checkbox"/> White Marker Board   | <input type="checkbox"/> Tape Recorder                   |
| <input type="checkbox"/> Video Camera        | <input type="checkbox"/> Video Beam Projector | <input type="checkbox"/> Flip Chart                      |
| <input type="checkbox"/> Laser Pointer       | <input type="checkbox"/> Fast Fold Screen     | <input type="checkbox"/> Metal Podium/Overhead Projector |
| <input type="checkbox"/> Lavalier Microphone | <input type="checkbox"/> Spot Light           | <input type="checkbox"/> Wood Podium                     |
| <input type="checkbox"/> Rolling PA System   | <input type="checkbox"/> Slide Projector      | <input type="checkbox"/> Small Riser                     |
| <input type="checkbox"/> Microphone/Stand    | <input type="checkbox"/> 16mm Projector       | <input type="checkbox"/> DVD Player                      |
| <input type="checkbox"/> Easel               | <input type="checkbox"/> CD Player            |  |

Specific Set-Up Requests:

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### TO BE COMPLETED BY STUDENT AFFAIRS OFFICE

ROOM(S) REQUESTED	DATE	TIME
_____	_____	_____
_____	_____	_____

*The following signatures are required for approval of guest speaker/event.*

Student Affairs Coordinator _____	Date _____
AVP/Dean of Students _____	Date _____

- |   |   |
|---|---|
| <input type="checkbox"/> cc: Physical Plant | <input type="checkbox"/> cc: Communications         |
| <input type="checkbox"/> cc: Audio / Visual | <input type="checkbox"/> cc: Program Dean (s) _____ |