Display Table Scheduling Request

For tabling more than 2 weeks out from today’s date, organization officers should visit ems.siue.edu to schedule space. This form is primarily for requests less than 2 weeks out.

Contact Information:
Student Organization: __________________________________________________________
Applicant Name: ____________________________________________________________
SIUE Email: ___________________________ Phone#: ____________________________
 Adviser Name: ____________________________________________________________
SIUE Email: ___________________________ Phone#: ____________________________

Purpose of Tabling Event:
Name of Event: ____________________________________________________________

Preferred Dates: (Please note that all tables listed should be for the same event.)
Date Start Time End Time Location(s)

(check one that applies)
☐ Bake Sale ☐ Ticket Sale/Promotion of Event ☐ Promotion of Club/Org. ☐ Other: ____________

Will there be solicitation for any type of monies collected, including any donations of monetary value (e.g. charity donations, baked good sale, etc.)? ☐ Yes ☐ No
(if yes, please fill out the reverse side of this document.)

Display Table Selections
Event Services will attempt to place you in the location you indicate on this form. If requesting multiple locations, list them above as Location and Location. If listing multiple options but requesting only one table list them as Location or Location.

<table>
<thead>
<tr>
<th>MUC Exterior</th>
<th>MUC Goshen Lounge</th>
<th>MUC Lower Level</th>
<th>Academic Buildings</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 1 6x30 table - 2 chairs - Bake sales allowed - Weather permitting</td>
<td>- 1 6x30 table - 2 chairs - No bake sales</td>
<td>- 1 6x30 table - 2 chairs - No bake sales</td>
<td>- 1 6x30 table - Peck Hall, Science East, Engineering, Founders - Contact facilities for equipment - Bake sales allowed</td>
</tr>
</tbody>
</table>

For tabling equipment in Peck Hall, Science East, or the Engineering Building, you must contact Facilities Management at 618-650-3711 or go to siue.edu/facilities/pdf/facilities_req2.pdf

**Display tables are limited to one per location per day for a maximum of 3 consecutive days.**

I have read and agree to all University, Morris University Center, and Event Services Policies.
Applicant Signature: ___________________________ Date: ___________________________

For use by Event Services Staff only:
Date received: ______________ By: ______________ ☐ Scheduled Res. # ______________ ☐ Not Scheduled ☐ Confirmation Sent
Event Solicitation Request

Fill this out only if your organization is collecting funds or goods. All Student Organizations may be contacted by the Events Services Office and/or the Kimmel Student Involvement Center with further questions about your event to ensure compliance with all rules and regulations.

Student Organization Name: __________________________________________________

Activity (Charity Donations, Ticket Sales, Etc.): ______________________________________

For what purpose are funds or goods to be collected? __________________________________

SIUE Event Location: _____________________________________________________________

Event Dates:_______________________ Hours Requested:____________________________

Funds or goods to be collected: ___________________________________________________

Chair of Event Signature __________________________________ Fiscal Officer (Faculty Advisor only)

Name, address and phone number of the person who can verify the exact amount of money collected and provided receipts verifying either deposit or manner of use for goods collected.

Name: ______________________ Phone: ______________ Campus Box Address:_________

I hereby acknowledge (1) that my organization is aware of and has been advised of the details concerning this event, (2) that I am aware of the policy regarding the use of University property for fund raising, canvassing, soliciting, vending, and allied advertising (Fund Raising/Soliciting University Policy can be found in the Student Organization Handbook), (3) that the activity will be conducted so as to conform to law and with the highest standards of accountability.

________________________________________ Signature of Applicant.

*Organization Billing Purpose #

*If you do not know your organization 8-account number, please reach out to the Kimmel Student Involvement Center. It is not the same as your 800 number.

For Office Use Only

____ Approved    ____ Rejected

Date Received____________ University Center Staff Signature:_________________________

Date Received____________ Facility Administrator:_______________________________

Special permission must be sought for areas not under the jurisdiction of Conferences and Institutes or the Event Services Offices, i.e. Vadalabene/Student Fitness Center, University Housing facilities, Lovejoy Library, University Center Building, or Multi-Purpose Events facility.

Additional Approval/Comments: _________________________________________________

Updated 3/25/2022