



# Aztec Center Weekly Meeting Reservations Request

## FALL 2009 and SPRING 2010

Only SDSU student organizations with current on-campus recognition status may apply. Application must be completed by the President of the organization. Student Organization must have proof of recognized status for 2008-2009 on-file with Meeting Services. Renewal of status for 2009-2010 must be on file by October 2, 2009 to retain weekly meeting space.

**Completed requests will be accepted at the Meeting Services Office  
Wednesday, April 22 through Friday, April 24 from 8:30am to 4:00pm.  
Upon submission, you will draw a number which will represent the order  
in which your request is processed.**

**After April 24, requests will be processed on a first come, first served basis.  
Please note you will only need to submit one request for both the Fall 2009 and Spring 2010.**

ORGANIZATION \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ DAY PHONE \_\_\_\_\_

EVENING PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**ROOM LOCATION:**

Room placement will be determined by "best fit" and availability.

**DATE AND TIME:**

**FALL 2009 -**      **Start Date:** \_\_\_\_/\_\_\_\_/2009      **End Date:** \_\_\_\_/\_\_\_\_/2009  
(Space available beginning 9/8/09)      (Space not available after 12/11/09)

**SPRING 2010 -**      **Start Date:** \_\_\_\_/\_\_\_\_/2010      **End Date:** \_\_\_\_/\_\_\_\_/2010  
(Space available beginning 1/25/10)      (Space not available after 5/12/10)

**Day of the Week:** Mark (1) next to 1st Choice, (2) next to 2nd Choice

Maximum 2-hour meeting time

___ <b>MONDAY -</b>	<b>Start Time:</b> ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm <small>(May not begin before 8:00am)</small>	<b>End Time:</b> ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm <small>(Must end by 9:30pm)</small>
___ <b>TUESDAY -</b>	<b>Start Time:</b> ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm <small>(May not begin before 8:00am)</small>	<b>End Time:</b> ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm <small>(Must end by 9:30pm)</small>
___ <b>WEDNESDAY -</b>	<b>Start Time:</b> ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm <small>(May not begin before 8:00am)</small>	<b>End Time:</b> ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm <small>(Must end by 9:30pm)</small>
___ <b>THURSDAY -</b>	<b>Start Time:</b> ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm <small>(May not begin before 8:00am)</small>	<b>End Time:</b> ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm <small>(Must end by 11:30pm)</small>
___ <b>FRIDAY -</b>	<b>Start Time:</b> ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm <small>(May not begin before 8:00am)</small>	<b>End Time:</b> ____:____ <input type="checkbox"/> am <input type="checkbox"/> pm <small>(Must end by 11:30pm)</small>

**Regularity:**  Weekly  Bi-Weekly  Other (Specify Dates) \_\_\_\_\_

**ROOM SET-UP:**

Maximum Meeting Attendance: \_\_\_\_\_

Weekly Meetings will all be set lecture-style to room capacity with two (2) tables. By initialing here, you agree that your organization will reset the room to lecture-style at the conclusion of your meeting. \_\_\_\_\_

**Audio-Visual Equipment:** Subject to availability. Equipment changes require 48 hours notice.

- TV/VCR/DVD Combo     LCD Projector/Screen     Dry Erase Board  
 Flipchart     Other \_\_\_\_\_

FOR OFFICE USE ONLY
Received Date: ____/____/____ <div style="text-align: right;"><input type="checkbox"/> am <input type="checkbox"/> pm</div>
Received Time: ____:____ <div style="text-align: right;"><input type="checkbox"/> am <input type="checkbox"/> pm</div>
Received Number: _____
Status Check Date: ____/____/____
Status Check By: _____
Called By: _____ <div style="text-align: right;"><input type="checkbox"/> am <input type="checkbox"/> pm</div>

As president of our organization, I hereby state that the information provided in this request is accurate and understand that providing false information may result in forfeiture of our application.

I understand that I will receive information regarding the status of our application via phone notification and that the numbers I have provided are correct, and I will not hold the Associated Students responsible if any messages to the numbers provided are undeliverable. I also acknowledge that it is our organization's responsibility to sign the Reservations Agreement in the Associated Students Meeting Services Office within 2 business days of receiving notification.



President's Signature \_\_\_\_\_ Date \_\_\_\_\_