



DINING HALL - CONFIRMATION FORM

This Confirmation form must be submitted to our office via email within 10 business days after receipt of the approved HOLD.

Event Space:

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East Dining Room

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Faculty Dining Room

Event Name: _____ Number of Attendees: _____

Event Date(s): _____

Event Start Time: _____ Event End Time: _____ Set-Up Time: _____

Department/Sponsored Group: _____

Contact Person: _____ Contact Telephone #: _____

Audio/Visual Media Needs: ☐ NO ☐ YES If yes, please contact Media Technology Services at least 5 business days prior to the event at media.services@Lehman.cuny.edu or at 718-960-7898.

Special Event Requirements (ex. Extra tables, Podium, Sign Stands etc.) please type here: _____

TERMS OF USE:

All departments and internal organizations, requesting the use of the subject space agree to comply with the following terms:

1. The party authorized to use a space will be responsible for any damage found to have been related to its event/attendees;
2. Users of the subject space are responsible for compliance with applicable Federal, State, Local and College laws, regulations and rules;
3. The proposed furniture configuration/layout for East Dining Room must be submitted to Event Planning & Reservations no later than 5 business days prior to the subject event;
4. The furniture configuration/layout for the Faculty Dining Room must remain "as is". Additional tables may be requested for use in the alcove area;
5. The requesting party is responsible for providing any and all supplies necessary for the subject event.
6. Decorations may only be placed on the wall using blue painters tape;
7. Once permission is granted, the space may only be used during the time period to which was agreed; and
8. Any event cancellation must be conveyed, in writing, to the Office of Event Planning & Reservations no later than twenty-four (24) hours prior to the agreed set-up time for the event.
9. If the event is not sponsored by Lehman College, the sponsoring unit name should not contain the College logo, just the departmental name.

I, the undersigned, have read and agree to the above terms. I understand that any violation of these terms of use may result in financial liability and/or denial of any pending and/or future request(s) for approval to use Lehman College spaces.

Name of Event Requester

Signature: Div. Head/Dean/Vice President/Supervisor

Date