HOWARD UNIVERSITY COLLEGE DENTISTRY EVENT REQUEST FORM

All requests must be submitted at least **2 WEEKS** prior to the event (NO exceptions). Requests during class hours must be approved by the Associate Dean for Academic Affairs. **ALL** persons entering the building for events must sign in and show a valid proof of identification to the Security Officer on duty at the Front desk. Failure to comply will result in being asked to leave our premises. ***ALL weekday evening events MUST end no later than 9:00PM!**

Date (s) Requested:_____ Time Requested: From _____ To _____

Department / Organization: _________

Organization's Email Address: _____

Phone Number: _____

Activity/Event Type: (Lecture, Lunch & Learn, Ceremony, Student Organization, Health Service Professionals)

_____

Name(s) of Speaker(s): Howard University Faculty/Staff/Student

1._____ Yes_____ No_____

2._____ Yes_____ No_____

Number of persons expected to attend: _____

Who is eligible to attend? (Check all that apply)**:** HU Students____ College of Dentistry students____ Faculty____ Staff____ Open to public____

Food to be served? Yes_____ No_____ **[ALCOHOLIC BEVERAGES NOT PERMITTED!]**

Will there be music? Yes_____ No_____ If yes, specify _____

Requestor's Name_____ Date _____

Signature of President: _____

Signature of Faculty Advisor: _____

Complete Room Request- Page 2

HOWARD UNIVERSITY COLLEGE DENTISTRY ROOM REQUEST FORM

Date (s) Requested:_____ Time Requested: From _____ To _____

Email:_____

Department / Organization: _________

***Room(s) Requested: Loud Lounge Room 117 _____**

402_____(16) **403**_____(20) **LH2-503**_____(80) **LH3-504**_____(80) **LH6-204**_____(70)

Side Classrooms **529**_____(18) **530**_____(18) **531**_____(17) **532**_____(16) (near elevator)

***To reserve a 5th floor Conference Room: Contact:** Ms. Floydstyne Williams
Email: fwilliams@howard.edu **Telephone:** 202.806.0019

***For Saturday events**, there is a **mandatory hourly fee** required for Security. For more information about Security Office payment, contact Dr. Tanya Greenfield tanya.greenfield@howard.edu

Completed by Academic Affairs (8 a.m.-5 pm)

Room Request Approved _____ Room Request Not Approved _____

Confirmation Email sent on _____ at _____ AM/PM

Completed by Student Activities (After 5pm)

Room Request Approved _____ Room Request Not Approved _____

Confirmation Email sent on _____ at _____ AM/PM

Completed by Operations (Weekend Dates)

Room Request Approved _____ Room Request Not Approved _____

Confirmation Email sent on _____ at _____ AM/PM