

**ALL Requests must be submitted on this form including revisions. If this is a revised request, ORIGINAL request form must be attached.**

# HST Facility Request for **Special Events**

Priority in assignment will be given to activities offered by the Schools. Events for matriculated students will have first claim on available space. Assignment of space for all other events will be on a first-come, first-served basis. *Our current scheduling software permits booking on the hour and half hour only. To make the best possible use of our limited space, we must book activities and events back-to-back. Therefore, you must prepare to conclude your activities 10 minutes before the end time of your reservation, allowing the next party to begin promptly on the hour or half hour.*

**Please check appropriate box:**

Original  Revision: Please include only the revised information on this form with sponsor signature

<b>REQUESTER INFORMATION</b>			PLEASE PRINT
CONTACT NAME _____	REQUESTER LOCATION (CHECK ONE)	<input type="checkbox"/> HST (Health Sciences Tower) <input type="checkbox"/> Hospital <input type="checkbox"/> West Campus	DEPARTMENT / ORGANIZATION _____
CAMPUS ADDRESS _____	CAMPUS ZIP _____		CAMPUS PHONE _____

<b>SPONSOR INFORMATION</b>		<b>Please print name of sponsor below and sign</b>	
SPONSOR OF EVENT (CHECK ONE)	<input type="checkbox"/> SOM _____ <input type="checkbox"/> SON _____ <input type="checkbox"/> SDM _____	<input type="checkbox"/> SSW _____ <input type="checkbox"/> SHTM _____ <input type="checkbox"/> SPPS _____	<input type="checkbox"/> VP _____ <input type="checkbox"/> HOSPITAL _____ <input type="checkbox"/> OTHER _____
<b>SPONSOR'S SIGNATURE</b> _____			
Please note, only approved sponsor with signatures on file will have request processed. <b>Request will be returned without approved signature.</b>			

<b>GENERAL INFORMATION</b>			
<ul style="list-style-type: none"> <li>If booking the Galleria, you must submit this form and contact HST Custodial.</li> <li>Classrooms 159 &amp; 171 are not part of the Galleria. These spaces must be specifically requested and reserved to support your event.</li> </ul>	<p><b>* NOTE:</b> ROOM ASSIGNMENTS ARE MADE IN RESPONSE TO MANY VARIABLES. PREFERENCES WILL BE CONSIDERED BUT ARE NOT GUARANTEED. CONFIRMED ROOM ASSIGNMENTS ARE ON THE ASTRA CALENDAR ON: HEALTH SCIENCES OFFICES OF STUDENT SERVICES (HS OSS)</p> <p><a href="https://www.stonybrook.edu/commcms/hsstudents/classroom_reservations">https://www.stonybrook.edu/commcms/hsstudents/classroom_reservations</a></p>		
<b>RELATED SERVICE CONTACTS</b>			
Central Photocopy 4-2642	Public Affairs 4-7880	HST Audio Visual 4-3230	HST Custodial 4-6734
ADA Coordinator 2-6748	HST Visitor Parking 8-3515	HST Catering 4-3837	HST Public Safety 4-2820

<b>EVENT TITLE</b> _____	<b>ANTICIPATED ATTENDANCE</b> _____																																								
<b>EVENT STRUCTURE (CHECK ONE)</b>	<b>LOCATION PREFERENCE*</b> _____																																								
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<b>HS OSS USE ONLY</b>			
Entered on calendar _____	Additional info. needed _____	Date _____	Initials _____
Date _____	Additional info received _____	Date _____	Initials _____
Initials _____			