REQUEST TO USE EVENT SPACE
(UWM CAMPUS DEPARTMENTS)

Requested Event Date(s): ___________ Event Name: ____________________________ Est. Attendance: ________

Event Time(s): begin _________ AM/PM to end _________ AM/PM

Type of Activity: Banquet Concert Conference
Lecture Exposition Film Screening
Dance/Party Reception
Other (please specify) __________________________

Brief Program Description: __________________________

Venue(s):
Union Concourse Union Ballroom (Entire Space, East or West) Art Gallery
Alumni Fireside Lounge Union Cinema (Theatre) Pangaea Mall
Ernest Spaights Plaza Wisconsin Room (Entire, East, West or Lounge)
Meeting Rm(s): (143, 147, 179, 181, 183, 191, 220, 240, 250, 260, 280, 340, 342, 343, 344, 346, 347)
Other (please specify) __________________________

Sponsoring Organization/Department: __________________________

Primary Contact Person: __________________________ Phone: __________________________
Signature: __________________________ E-mail: __________________________
Secondary Contact Person: __________________________ Phone: __________________________
E-mail: __________________________

Unit Business Representative: __________________________ E-Mail: __________________________

Departmental Billing Information: __________________________

Account Fund Org Program Project Sub-Class

** please note, this form serves as a request and does not serve as a guarantee space will be reserved.

For Office Use Only

Accept Deny Wait List

Assigned Event Space(s):
(or reason for denial)

Reconfirm Date: Event Times: ___________ to ___________
Event Coordinator: Reserved Times: ___________ to ___________
Approved By: Date: __________________________

Union Event Services

Located: Rm. W119 of the UWM Student Union
Phone: (414)229-4828 Fax: (414)229-3243
E-Mail: reservat@uwm.edu