Community & Culture Room: Booking Request Form



Contact Information

Name of Applicant/Organization		Contact Person		
Email Address		Phone Number		
Address				
Event Details				
Event Name		Event Type (Seminar, Training, Community Meeting, etc.)		
Event Date	Event Start Time	Event End Time	Estimated Number of Attendees	
Internal Use: State ECU Employee Sp	ponsor			
Room Setup and Equipment				
Preferred Room Setup	☐ Classroom ☐ Theati	re 🔲 Round-Table	Other	
Audio-Visual Requirements	☐ Projector ☐ Microp	ohone Sound System	Other	
Other Equipment (Podium, Fridge, Fr	reezer, 2 Coffee Pots, etc.)			
Anticipated Number of State ECU Chairs Needed Anticipated Number of 2-Person State ECU Tables Needed				
Catering and Amenities				
Will you be hiring catering serv	vices?	No		
Food and Beverage Requirements (t	o be supplied by a 3rd party of your c	choice.)		
Additional Amenities: (Wi-Fi, Externa	al Device Setup, etc.)			

Will you be hiring security? If yes, who?		

Agreement and Confirmation

I hereby agree to adhere to the Community Room's policies, terms and conditions. I understand that my booking is not confirmed until I receive a confirmation email and make any required deposits.

Applicant Signature Date

Thank you for considering our State ECU Community & Culture Room for your event! Please submit this form to community@secunm.org. For further inquiries, please contact us at 800-983-7328 or community@secunm.org.