MCS USE ONLY Hold:

Update: Confirm:

Tabling Request Form

Meeting & Conference Services | 179 Student Union ph: 405.744.5232 | email: meetings@okstate.edu

web: meetings.okstate.edu



Individual students and student organizations are required to register all on-campus tabling requests. These requests must be registered no later than 10 working days before the tabling is scheduled to occur. The location and equipment needed should be reserved at least two weeks in advance. If the tabling is being organized by multiple organizations each group must be disclosed. For additional guidelines and policies, please visit Meeting & Conference Services online at meetings.okstate.edu. This request is on hold until you receive an email confirmation.

Organization Name:		
Title of Tabling:		
Date(s) of Tabling:		
Start Time: End Time:		
Are you seeking sponsorships or inv	iting external groups/vendors to	participate? Yes No
Are you serving or selling food, beve	rages, or candy at your table? Y	es No
Provide a description of what activities you're planning at your table:		
Please refer to the Student Union Solicitation	n Policy and Procedure online at <u>meetin</u>	gs.okstate.edu for usage guidelines.
Tabling Activities: (please check all the	at apply)	
	_Food & Beverage _Fundraiser / Philanthropy _Music <i>(70 decibel limit)</i> _Promotional Items / Giveaways	Tent (OKIE Check req.)Ticket SalesOther:
Location Preference: (1 spot per group	o per day – each reservation include	es 1 6-foot table and 2 chairs)
Tabling Inside Student Union:	Tabling Outdoors:	International Mall*
Blue Key Lounge (2 nd Floor Student Union)PLC Area (2 nd Floor Student Union)Student Union Basement	nion)Chi-O Clock* Classroom Building* Greek Walk*	North Library Lawn Sidewalk* Middle Library Lawn Sidewalk* South Library Lawn Sidewalk* West Classroom Building Plaza*
*For Outdoor Tabling Requests: On-camp reservation. Please visit the Information De- photo I.D. The coordinator is responsible for	sk (located across from the University S	tore in the Student Union) to check-in and provide a
Organization Contact Information		
Coordinator:	E-mail:	Phone:
2 nd Contact:	E-mail:	Phone:
	ne sponsoring organization's representative. A	on Policies and Procedures. By signing below, I agree to All requests are contingent upon availability and approval. be cancelled.
Signature of Coordinator:		Date:
For Internal Use Only		
Facility Approval:		Date:
Security Approval (if required):		Date: