



OSU URBAN ARTS SPACE

50 W. Town St, Columbus OH 43215 · phone (614) 292-8861 · fax (614) 223-1587

Space Request / Event Rental

Name: _____ Title: _____

Address: _____
street city state zip code

Phone: _____ Fax: _____ Email: _____

OSU Affiliation: _____ department Organization Name: _____

- Current OSU Student, rank: _____
 Faculty Staff Alumni
- For-profit Government Educational Institution
 Not-for-profit Community Group Other: _____

If Student, Faculty Sponsor Signature Here: _____

Event Partners (Departments/Centers/Schools): _____

Event Name: _____

Brief Description: _____

Starting Date: _____ Starting Time: _____ Maximum Number of Participants: _____

Ending Date: _____ Ending Time: _____ Contact for Event: _____

Space Requested (Check all that apply):

- Lower Gallery Upper Gallery Conference Space Kitchen

Special Needs (Indicate quantity needed):

- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Chairs (110) | <input type="checkbox"/> Tech Cart
<small>(Includes Speakers, LCD Projector, and Apple Laptop)</small> | <input type="checkbox"/> Sound System | Do you want to serve alcohol at your event?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Tables
<small>Rolling Tables 2' by 5' (8),
Fixed Tables 2' by 5' (10),
Folding Tables 3' by 6' (7).</small> | <input type="checkbox"/> DVD Player (1) | <input type="checkbox"/> TV/VCR (1) | |
| <input type="checkbox"/> Podium w/Mic (1) | Additional AV Technology and office equipment supplies are available upon request | | Do you want to have your event catered?
<input type="checkbox"/> Yes <input type="checkbox"/> No |

Please submit online at uas.osu.edu or fax completed forms to (614) 223 1587.
Upon receipt of your form, you will be contacted for discussion of rental fees.
Forms will be evaluated once per week.

For Office Use Only

Date Received: _____ Received by: _____ Reply to requestor: _____