Reservation Process:
- Please fill out all sections completely.
- Return to José Feliciano, University Assistant and Administrator for the Mosaic Center. If the office is unstaffed, return to the SA/LD Office, Student Center, Rm 201 for consideration and approval.
- Reservations are confirmed on a first come, first serve basis.
- All requested events and meetings require Mosaic Center Administrative Staff review and signature.
- If at all possible, please schedule major student events as early as possible. This will give student organizations priority over faculty and staff in reserving space for small meetings and events in the Center.

Suggested Lead Times for Scheduling Rooms in Center:
- Events of Less than 20 Guests w/Catering or Audio/Visual needs: 3-4 weeks
- Meetings w/no Audio/Visual or Catering needs: 2-7 days

Cancellation Policy:
- The Center requires a 72 hour notice of cancellation for events

Reservation Policy:
The Mosaic Center is to be utilized for study, diversity programming and socialization and is available to all student organizations, faculty and staff. The Center can be reserved by organizations and departments for diversity related programming and meetings only. We encourage all to request use of the Center, but keep in mind, preference is given to diversity student organizations to fulfill the purpose of the Center’s existence.

The Mosaic Center strives to foster outcomes in the best interests of the University and the students. We willingly offer our expertise to assist with the planning of your event.

CONTACT INFORMATION

Organization /Sponsors: ____________________________________________________________

Primary Contact: __________________________________ Phone: _________________________
Email: ____________________________

(In case we are unable to reach primary contact):

Secondary Contact: ___________________________ Phone: _________________________
Email: ____________________________
EVENT DETAILS:

Check here if this request is for the **entire semester**: _______  Number of Participants: ________________

Event Name:______________________________________________________________

Date:__________________________  Event time (Start and End time):__________________________________________

Type of event:  Meeting ______  Organization/Guests Only_______  Social ______
               All Campus _____  Advertised & Open to the Public_____  Other_____

Food:  YES  NO  (Please Contact Lori Backus in Food Services: 860-832-3767 or ven_backusl@ccsu.edu)

Audio/Visual Equipment *(circle all that apply)*:  Computer  Television

Set-Up Style*(circle all that apply)*:  Lounge/Meeting Space  Audience  Other________________________

DIVERSITY COMPONENT

Please include brief explanation as to how your event is related to diversity:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

OFFICE USE ONLY:

Date Received: ______________________

Mosaic Center Confirmation:  YES  NO

Mosaic Center Administrator ___________________________  Date _____________________