

Levis Faculty Center Reservation Inquiries

**Please submit to IPRH-ClientRelations@illinois.edu*

Contact Information:

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Event Details:

Event Date: _____ Estimated Attendance: _____

Event Name: _____

Event Description: _____

Sponsoring Dept/Unit: _____

Time Window for Space Usage (Including set up/cleanup): _____

Event Start Time: _____ Event End Time: _____

Type of seating needed: _____
(ex. Theater, Lecture, Conference, Classroom)

If requesting a specific Levis room, please specify room number: _____

Equipment Requested:

Projector/Screen: _____

Microphone(s): _____ Type(s): Handheld Podium Lapel Tabletop

Food/Beverage Details:

Will food/beverages be served at this event? **Yes** **No** **Alcohol?**

Name of caterer (if applicable): _____