**PUBLIC ASSEMBLY AREA REGISTRATION FORM**

**KU School of Medicine-Wichita**

Submit to the Dean, KU School of Medicine-Wichita, (1010 North Kansas, Wichita, KS 67214-3199) at least seven (7) days, but not more than ninety (90) days, prior to the proposed start date of the Assembly. It is the responsibility of the Dean’s office to notify the contact person, no later than twenty-four (24) hours in advance of the proposed Assembly, if the preferred Public Assembly Area is not available on the date or time requested. In such a case, the group may amend its registration to select an available Public Assembly Area, date or time without regard to the standard seven-day notice requirement. If the contact person does not receive such notification from the Office of the Dean, School of Medicine-Wichita, the group may proceed with its Assembly as specified in this Registration Form.

Today’s Date (date of submission of Registration Form): Click here to enter text.

Contact person: Click here to enter text. Phone: Click here to enter text.

E-Mail: Click here to enter text.

Address: Click here to enter text. City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Student/Campus organization sponsor, if any: Click here to enter text.

Proposed time(s) and date(s) of assembly:

Date: Click here to enter text.(M/D/Y) Day(s): Click here to enter text.Time: Click here to enter text. to Click here to enter text.

Ends: Click here to enter text. (M/D/Y)

Proposed Assembly Area (from the list of Public Assembly Areas that appears on the reverse of this form): Click here to enter text.

Description and manner of Assembly (e.g., number of speakers, participants, size and material of displays)—See section C of the Policy on Public Assembly Areas that appears on the reverse of this form): Click here to enter text.

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Is it likely that Facilities Operations will need to restore the grounds following the event?

Yes: [ ] No: [ ]

**For Office of the Dean use:**

Assembly area available at proposed date(s) and time(s): Yes: [ ]  No: [ ]

If “No,” contact person informed on (date) Click here to enter text.; alternate Public Assembly Area, date(s) and time(s) selected: Click here to enter text.

Public Safety/Facilities Operations/Public Affairs informed on (date) Click here to enter text.

**Public Assembly Areas**

* Courtyard
* Southeast corner of Building 90 (Corner of Kansas and Minneapolis streets)