

Event Services Payment Form

Customer Information

Event Name: _____ Date of Event: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Method of Payment

Total Amount Due: \$ _____

(Check one)

Cash: _____ Check: _____ (payable to Student Union, Inc.) VISA _____ MasterCard _____

Card No. _____ Expiration Date _____ CVV #: _____

Cardholder's Name _____ Signature _____ Date _____

By mail: Attention Leanne LoBue

Student Union, Inc.
Event Services Office
Student Union Building
One Washington Square
San José, CA 95192-0155

(Credit Card Only)

Attn: Event Services Office
Leanne LoBue
(408) 924-6300
leanne.lobue@sjsu.edu

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- **Must receive payment 30 days prior to event date. Reservation will be confirmed once payment has been processed.**
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Office Use Only: Confirmed Reservation: Yes _____ No _____ Date: _____ Initial: _____