

Notations_

EVENT REQUEST

An *Event Request* form is required for *Events and/or Training/Videoconference Room* use only. To simply reserve a piece of equipment, a *Reservation* form is required or call x6451.

| Date of re | equest | | Department/Group holding event | | Event date | | Day of week | |
|------------------------------------|--|--|--|-----------------------------------|--|-----------------|--|--|
| a. | .m. | a.m. | | | | | | |
| | 10 | p.m | | | | | | |
| Time ev | vent takes place | | Where ever | nt is to be he | eld | 1 | Expected attendance | |
| | | | Purpose or name of ever | nt | | | | |
| | ☐ Audio taping | | | | Training/Video | conference F | Room Request | |
| ☐ Video taping | | | | 7 DE 110 | | | | |
| | ☐ Set-up/Break- (Available only w | -down of equipme | ent | | BE 118 | Host | | |
| /icae | | | | | BE 132 | Contact | | |
| uested | (Available only w | -down of equipm vith specialized set-up | ent & assistance during event | | Room use only | Phone/Email | | |
| | ☐ Provide backs | | | | Room and equipment | Member of C | enic? Yes No | |
| | ☐ Classical ☐ | Jazz □ Pop/R&B | Variety | (| Videoconference Attach coordinate packet - | | conference? Yes No | |
| | □ Other | | | а | all printed information) | (Copy of perili | ssion must be attached) | |
| | ^^^^ | | | | | | | |
| Even | | | 2) weeks in advance. | | *************************************** | ~~~~~ | *************************************** | |
| Regu | uestor may be | charged for o | vertime | | | | | |
| Contac | ct Kim Whitaker @ | 2 x6072 to see if | overtime will be necessary. Overt | ime author | ization must be submitted | with the even | t request on an overtime | |
| form c | complete with the a | appropriate signat | ture and budget number (forms av | | | | | |
| necess | sary paperwork is | received by the I | MC. | | | | | |
| Call I | ITS for Interne | et access. | | | | | | |
| The in | iternet is not acces | ssible in all rooms | Contact ITS to confirm availabil | مسمالم مسمسيدا | | ot coble | | |
| eby acknov | wledge that I will b | e held responsible t | for damage or unnecessary abuse of s | chool equip | | | d items. I agree to abide by a | |
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Phone (661) 722-6451 FAX (661) 722-6452 Revised July 2010