THE POINTE **Reservation Request Form**





			-																
Basic Event Information														EM	S#:				
Requested Event Date(s):			Durir							ng Wee	kend?		During Holi	day?					
Event Name:																			
Depa	rtment	t/Orga	aniza	tion:															
Reserved Time* Start:					End:		* Time needed to access and vacate the facility, including catering												
Event Time* Start			Start:	.:		End:		* Time your event will actually start and end											
Number of Participants*:					# of N	Vinors, if any:	* Numbers must not exceed max capacity numbers												
Description of Event:																			
(Write a short description of your event/purpose/organization)																			
event/	buipose/c	Jiganiza	ition)																
Roon	n & Eve	ent Sp	becifi	cations	5														
Requested Room(s):			Pacific	c Sun:	set: Summit:		Summit:	Se		Sot	t Llp Type:								
(Check all that apply) G			Galler	Gallery:						Set	Set Up Type:								
Audio	o / Visı	ual				Ame	nities					Park	ing						
	Wireless	ess/Lapel Mics Q			Stag			age Rental (\$50)					Guests	s will pay &	& park via k	iosks			
	Hardwin	dwired Mics Qt			:		Easel I	Rental (\$5ea)					1-day	permit (\$1	.5 each)*	Qty:			
	Projector / Screen						Mobil	oard (\$20ea)					n directior	nal signs	Qty:				
	PPT Clicker				Dance Floor Rental -				21'x21' (\$250)			(\$60 e	ach)		۵				
Partition Pacific Sunset Room?					Linens are not provided by the							* Plus \$30 Parking Processing Fee (flat-rate)							
*We do not have teleconferencing equipment						t * Pinning/taping material on walls is not permitted.					ted.	* Campus Depts: Ask your Dept about kiosk codes							
Catering												Insurance							
Do you plan to use catering?*:								aterer must be used for											
If yes, which one?							any event involving food and drink.												
Please specify any vendors/special arrangments/decorations/accommodations you might bring or need for your event:													ent:						
Primary Contact Information					n				Day of Event Contact (if same as primary, leave blan								:)		
Contact Name:									Contact Name:										
Primary Number:								Mobile Number:											
Email Address:								Email	Addres	s:									
Address *(if on-campus, skip an				d input	dept. b	uildina/i		Customer Type											
Street							,												
City	-																		
				*On-Campus:				*If student org, must be scheduling certified											
					On-cumpus.														
For O	Office U	Jse Or	nly			Note	S												
Calen	dar																		
EMS N	Number	-																	
MOU	/FUA Se	ent																	
MOU	/FUA Rc	cvd																	
Paym	ent																		
EMS T	ent. Boo	oked																	
Layout Finalized																			
Other	Service	25																	