



HUB Reservation Request Form

This form represents a scheduling request ONLY.
Actual rooms available or assigned may differ from those you specify.

Customer Information

Name of Organization
ASUW/GPSS Dept | Staff | Faculty Registered Student Group Off Campus Group
Name of person making reservation
Phone Fax E-mail
Street Address City, State, Zip
How would you like us to respond with a confirmation? Mail E-mail Fax

Event Information

Event Title Expected Attendance
Description of Event

Are you charging admission, registration fee, or collecting donations? YES NO
Are you selling any items or services, or conducting a fundraiser? YES NO
Will you invite or are you planning to have off-campus attendees? YES NO
Will there be support for/opposition to a candidate for office, or ballot measure? YES NO
Will your event involve music, singing, or amplified sound? YES NO
Are you requesting to serve alcohol? YES NO
If so, what is the source? UW catering Off-campus catering Bringing Own
Will you be serving food or beverages? YES NO
If so, what is the source? Food Beverages UW catering Off-campus catering Bringing Own Pre-packaged foods

Location, Dates & Time

Table with 6 columns: Room(s) Requested, Date(s) Requested, Room Access Start Time, Event Start Time, Event End Time, Room Access End Time. Rows include Meeting Room, Both Ballrooms (East/West), and Auditorium.

Will take a comparable room if the one requested is not available.

Please select the furniture arrangement needed:

Open Space w/stacks of chairs Conference Lecture Classroom Banquet
Includes icons for each arrangement: Open Space, Conference, Lecture, Classroom, Banquet.

Other, please attach diagram or discuss your set with a reservation representative.
Room diagrams are available for your convenience from our office.

please fill-out backside

It is our goal to provide high quality technical service and furnishings for your meeting. Please don't hesitate to call our office at 543-8191 for assistance selecting the proper equipment. Please indicate quantity needed when applicable

Additional Furnishings

No additional furnishings needed

- Standing Lectern
- Table-top Lectern
- Coatracks, 75 per rack Qty. _____
- Sign Easels, Qty. _____
 - w/Paper Pad*
- White Board w/ pens
- Bulletin Board

- Display Tables, Qty. _____
 - Skirting for Tables *
- Registration Tables, Qty. _____
 - Skirting for Tables *
- Refreshment Table (no skirting), Qty. _____
- Other _____

* indicates additional charge

Technical Services

No technical services needed

Projection & Video Equipment

- Data/Video Projector*
 - for SVGA (800 x 600) or XGA (1024 x 768)
 - Data Projection with sound
 - VHS DVD
- Overhead/Transparency Projector & Screen
- 35mm Dolby Feature Film Equipment* (Auditorium only)
- 27" TV Monitor
 - with VHS DVD

Other Equipment

- Telephone w/Active Line
- UW Ethernet Access
- Piano
- Other _____

Audio Equipment

Choose a PA System:

- House PA (Auditorium & Ballrooms only)
- Small PA (1 speaker, max 4 mics)
- Large PA (2 speakers, max 8 mics)*

Choose mics:

- Wired mics, Qty. _____
- Wireless Mic (one per room recommended)
 - Lapel, Qty. _____
 - Hand-held, Qty. _____

- Tape Player
- CD Player
- Audio Recording Requested*

*A Facility Services Assistant may be required for starred equipment. Evening, weekend Ballroom or Auditorium events also require an assistant. These charges will be reflected on your estimate.

Billing Information

- Payment by cash or check [all payments must be received in *advance*]
 - Requesting ASUW | GPSS funds [authorization must be received in *advance*]
 - University Budget # _____ Budget Name _____
- Task _____ Option _____ Project _____

Unfortunately we are not able to accept credit card payments at this time.

Conditions & Liabilities

Important, please read.

I understand that my copy of this completed form does NOT represent a confirmed reservation. I further understand that all facilities and equipment are subject to availability. I agree to abide by Student Activities & Union Facilities policies. For liability purposes, I agree to ensure that members and guests of the sponsoring organization will not **move** or **tamper** with any furnishings or equipment, including tables and chairs, and failure to do so may result in additional charges. I will be responsible for submitting any necessary forms, permits, payments, or information to HUB Event Services by the dates specified on my Room Confirmation and understand that failure to do so may result in cancellation or additional charges. I understand that misrepresenting the nature of the activity or failure to fully disclose pertinent details regarding this event/meeting, may result in additional charges or denial of future facility use.

Signature of Organization's Responsible Party

Date