2010 GVC ROOM RESERVATION REQUEST

MAILING ADDRESS:
Facilities Office
UW Center for Urban Horticulture
Box 354115
Seattle, WA 98195-4115

STREET ADDRESS:
Graham Visitors Center
2300 Arboretum Drive E
Seattle, WA 98122

Room Scheduling/Billing Questions: **(206) 221-2500**
Room Set-up Questions: **(206) 616-9113**
Fax: **(206) 543-6769**

EVENT DATE	Time **FIRST ACCESS** is Desired	Time **EVENT BEGINS**	Time **EVENT ENDS** (guests depart)	Facility will be **VACATED BY**

All Requested Times and Dates Subject to Written Confirmation

PLEASE NOTE: A $50 processing fee will be charged for all cancellations. Events cancelled 31-60 days prior to event date will be charged 50% of the total fee. Cancellations within 1 month are non-refundable. Deposits for weddings, and social events are non-refundable in the event of a cancellation.

Today's Date: _____

Organization: _____

Billing Address: _____

UW Budget Name _____ Budget Number _____

Contact person: _____

E-mail: _____

Day Phone: _____

Fax: _____

Visa or Mastercard # _____ Expires _____

↓↓↓ THIS INFORMATION MUST BE COMPLETED ↓↓↓

UUF	BP	Reservation #

Title of Event: _____

Purpose of Event: _____

Topic/Speaker: _____

Number of People Expected: _____ Is the Public Welcome? _____

ROOMS OR SPACES REQUESTED:

- ◯ GVC– Large Meeting Room
- ◯ GVC– Small Conference Room
- ◯ GVC– Patio
- ◯ GVC– Greenhouse West Wing
- ◯ Other: _____

HOSPITALITY FEE:

- ◯ $55 = coffee, snacks, box lunches.
- ◯ $125 = meals-catered or potluck.
- ◯ Alcohol (Requires banquet permit)

EQUIPMENT NEEDED: (Give number of items needed)

ALL A/V Equipment is for INDOOR USE ONLY—Furniture is permitted on the patio.

- ____ Chairs (indicate #)
- ____ Tables (indicate #)
- ____ Wireless connection
- ____ Overhead Proj. = $25
- ____ Microphone = $25
- ____ Lectern w/ sound = $50
- ____ LCD/Video Projector = $75
- ____ Flip Chart Easel
- ____ Laptop PC Computer = $75
- ____ Easel Paper ($15/pad)

Both the lesser and the lessee shall protect, indemnify, and hold the other harmless from and against any damages, loss, or liability from injuries to persons or property, arising from negligent acts or omission of their respective agents, officers, or employees.

SIGNED: Group/Organization Representative (Date) _____ Center Representative (Date) _____

To request disability accommodations, contact the Disability Services Office at least ten days in advance of the event: 543-6450 (voice); 543-6452 (TDD); dso@u.washington.edu (E-mail).