

All facility requests must be submitted at least 72 hours in advance.

ANGELO STATE UNIVERSITY

FACILITIES REQUEST FORM

Reservation is not complete and space is not guaranteed until customer receives written confirmation from the Special Events office.

Department/Organization(s) _____

Name of Contact Person _____

Daytime Phone _____ Fax _____

Mailing Address _____ City _____ State _____ Zip _____

E-Mail Address _____

Event Name (Program/Activity) _____

Event Date _____

Event Time _____ Facility Open By _____ Start Time _____ End Time _____

Number of Participants _____ Non-ASU participants to attend? _____

Is this event a fund raiser? _____ Is event sponsored by a grant or outside organization? _____

Will participants be charged to attend? _____ Is event to be held in conjunction with any outside group(s)? _____

If yes, please fill out Facilities Fee Waiver form or your Office will be assessed rental/labor charges.

Do you plan to include alcohol at your event? _____

NOTICE:

Reservations are based on availability.
Rates are based on room size, # of guests, services, and equipment requested.

NOTE: Alcohol service requires a special approval process. There will be additional charges for security.

Room Requested _____ Additional Rooms _____

SET-UP NOTES:

Set-Up Type _____ Registration Table _____ how many _____

Stage _____ If yes, how large (stage comes in 8' X 4' sections - Standard Stage is 16' X 8')

Awards Table(s) _____ how many _____ Head Table(s) _____ how many chairs at the Head Table _____

TV	Digital Projector	Marker Board (White Board)
VCR	Overhead Projector	Drapes (Qty) _____
DVD Player	Teleconference Phone	Sound System
Laptop	Digital Recorder	Easels (Qty) _____
Laptop w/Audio	Podium/MIC	Large Paper Pads (Qty) _____
Internet Connection	Wireless MIC (Hand Held)	Other _____
Screen	Lapel MIC	

Enter Miscellaneous Set-Up Details Below:

***Include all details available
Please Do Not Write
"Set-up same as last year"
Final Set-up due 1 week prior to event**

EXECUTIVE DIRECTOR FOR BUSINESS SERVICES _____ DATE _____

Attention:
Printing or saving the request form prior to submission will transmit a blank request form. To print a copy of the request form for your records, please use the browser back button after you have submitted your request form.



Itemized Charges

Rental	\$ _____
A/V Equipment	\$ _____
A/V Set-Up	\$ _____
A/V Technician	\$ _____
Custodial	\$ _____
Utility Surcharge	\$ _____
Labor Required	\$ _____
Before/After Hours	\$ _____

***Estimated TOTAL \$ _____**

***Based on submitted set-up information; additional requests may generate additional charges.**