

Event Services Ballroom Reservation Request

Ballroom Sections Requested _____

Green Room Usage Yes No

Event Date(s) _____

Pre-Access: _____:_____ AM PM

Expected Attendance _____

Event Start: _____:_____ AM PM

AM PM _ _ :

Event Name _____

Post-Access: _____:_____ AM PM

Main Contact: _____

Title: _____

Billing Address: _____

Phone Number: _____

City _____ State _____ Zip Code _____

Email Address: _____

- Event Type:
- | | | |
|---|---|---|
| <input type="checkbox"/> Banquet/Dinner | <input type="checkbox"/> Orientation/Training | <input type="checkbox"/> Guest Speaker/Presentation |
| <input type="checkbox"/> Cultural Event | <input type="checkbox"/> Award Ceremony | <input type="checkbox"/> Gala |
| <input type="checkbox"/> Career Fair | <input type="checkbox"/> Resource Fair | <input type="checkbox"/> Town Hall |
| | | <input type="checkbox"/> Other: _____ |

Please describe your event: _____

Audio Visual Services:

What are your AV Requirements? Please check all that apply No AV Requirements

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Microphone (s) how many? _____ | <input type="checkbox"/> LCD Projector | <input type="checkbox"/> Basic Stage Lighting | <input type="checkbox"/> Up Lighting |
| <input type="checkbox"/> Camera Recording | <input type="checkbox"/> Teleconference | <input type="checkbox"/> Live Stream | <input type="checkbox"/> DJ (insurance required) |
| <input type="checkbox"/> Live Performance | <input type="checkbox"/> Live Band | <input type="checkbox"/> Other: _____ | |

Misc. Easel (s) how many? _____ A-Frame (s) how many? _____ Selling Tickets? No Yes (if yes, discuss at meeting)

The Student Union has a full-service A/V department and will work to meet all A/V needs. A/V equipment from outside sources such as personal equipment is **prohibited** in the Student Union, unless approved by the Event Services Manager.

Will you need chairs, tables or other items to be set on stage? Yes (if yes, describe) No

Please describe: _____

Will you: use your own laptop computer for the presentation use a laptop provided by Event Services

Will you be using slides and/or video? Yes (fill out below) No

Please describe: _____

Will there be musical entertainment ? Yes (fill out below) No

Type of performer(s): _____

Performer(s) contact information: _____

Please describe the technical requirements for the performance(s): _____

Student Union Ballroom and Theater events are required to meet with the Event Services Manager. Please call (408) 924-6300 to schedule an appointment at least 30 days prior to your event to get on the meetings calendar. Event cancellations must be made no later than (5) business days prior to your scheduled meeting and or event date to avoid charges for pre-scheduled labor or any event related costs. For Off-Campus Organizations, a 50% deposit is required to hold event space and full payment is required (30) days prior to the scheduled event date unless otherwise specified by the Event Services Manager.

Signature: _____

Please check this box after the Rules Agreement form has been read and signed (see next page for full Rules Agreement)

