



Professional & Organizational Development

## Roosevelt Commons Room Reservation Request Form

*This form represents a scheduling request ONLY.*

### Customer Information

Name of Organization \_\_\_\_\_

Dept/Staff/Faculty  Off Campus Group

Name of Person Making Reservation \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address or Campus Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

How would you like us to respond with your confirmation?  Mail  E-mail

### Event Information

Event Title \_\_\_\_\_

Expected Attendance \_\_\_\_\_

Description of Event \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

	Yes	No
Are you charging an admission/registration fee, or collecting cash donations?	<input type="checkbox"/>	<input type="checkbox"/>
Will you invite or are you planning to have off-campus attendees?	<input type="checkbox"/>	<input type="checkbox"/>
Are you selling any items or services, or conducting a fundraiser?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be support for/opposition to a candidate, ballot measure, or legislation?	<input type="checkbox"/>	<input type="checkbox"/>
Will your event involve music, singing, or amplified sound?	<input type="checkbox"/>	<input type="checkbox"/>

### Food / Beverages

Are you requesting to serve alcohol?

If so, what is the source?  UW Catering  Off-Campus Catering  Bringing Own

Will you be serving  Meal  Snacks  Beverages  Nothing

If so, what is the source?  UW Catering  Off-Campus Catering  Bringing Own

### Location, Dates & Times

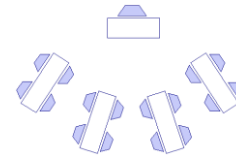
Date(s) Requested	Event Start Time	Event End Time	How much set-up time do you need?	How much clean-up time do you need?

**Room Arrangement & Capacity**

Capacity is 35 for Room 120A and 28 for Room 120B.

Rooms are set up in a group configuration:

*Note: You will be assigned either room 120A or 120B, based on availability and capacity.*



**Furnishings Included in Room**

- Tables and chairs for attendees
- 1 easel with paper pad
- White board w/pens

**Additional Furnishings**

*Please indicate quantity needed when applicable.*

- No additional furnishings needed**
- Easels # \_\_\_\_\_
- w/ paper pad (additional charges apply)
- Display tables # \_\_\_\_\_
- Registration tables # \_\_\_\_\_
- Refreshment tables # \_\_\_\_\_
- Other \_\_\_\_\_

**Equipment included in the room**

- Overhead projector
- Screen
- Video player w/ 2 monitors
- PC Computer
- Data projector (LCD Projector)
- UW Ethernet access

**Billing / Payment Information**

- Payment by check (all payments must be received in advance—make checks payable to **University of Washington.**) **Send checks to: Professional & Organizational Development, Campus Box 354962, Seattle, WA 98105-4962. Include a copy of this completed form with your check.**
- University budget # \_\_\_\_\_  
Budget name \_\_\_\_\_

**Conditions & Liabilities**

**Important: please read.**

I agree to abide by Professional & Organizational Development’s Facilities Use 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. I further understand that all facilities and equipment are subject to availability. I will be responsible for submitting any necessary forms, payments, or information to Professional & Organizational Development by the dates specified on my Room Confirmation and understand that failure to do so may result in cancellation or charges in my reservation. I understand that my copy of this completed form does not represent a confirmed reservation. Misrepresentation of the nature of the activity, or failure to fully disclose pertinent details regarding this meeting, may result in additional charges or denial of future facility use.

\_\_\_\_\_  
Signature of Organization’s Responsible Party

\_\_\_\_\_  
Date

**For POD Use Only:**

Date Received:	Date Confirmed:	Confirmed via: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
Notes:		