

## Science Complex Atrium Booking Form

Please complete form, sign Client section and send to Vicki Isotamm, visotamm@uoguelph.ca or fax (519) 837-1315

**Name of Event:** \_\_\_\_\_

**Classification: A - Internal; B - Affiliated; C - External** (see website for more details) \_\_\_\_\_

### Requested By:

College or Unit: \_\_\_\_\_

Department: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Extension: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address (off campus): \_\_\_\_\_

\_\_\_\_\_

Phone number: (off campus) \_\_\_\_\_

### Event Details:

Date: \_\_\_\_\_

Start and End Time: \_\_\_\_\_

Set-up Start Time: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

Course # & Instructor: \_\_\_\_\_

Please complete course # & instructor if this is a poster session

### Sound System- Please check items needed and amount, and TSS Technician start & end times.

2 - headworn microphones: _____	_____	1 - Internet and laptop connection
1 - lav(lapel) microphone: _____	_____	1 - Podium (clear acrylic)
2 - handheld microphones: _____	_____	1 - LCD projector
2 - wireless microphones: _____	_____	1 - 7.5ft x 10ft screen for forward or rear projection
4 - microphone stands: _____	_____	1 - Drape kit for screen
1 - CD player: _____	_____	Sound System Start Time & End Time (if different from event start time & end time)

Please note: Sound System use included in Atrium Rental Fee. TSS Technician must set-up, monitor and take down sound system equipment. TSS Technician labour is extra.

### Funding Source and Information

**Internal** - College / Departmental Coding: \_\_\_\_\_

**Affiliated & External** - Deposit Invoice payable upon receipt to confirm Atrium booking. Balance Invoice will be sent immediately following event.

Please make cheques payable to University of Guelph and send to the Atrium Coordinator.

### College or Departmental Authorization

Dean, Director or Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Extension: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Signature of Authorization: \_\_\_\_\_  
*Authorization of appropriate Dean(s) / Director(s) and Chair(s) is required prior to submitting the Atrium Booking Form to the Atrium Coordinator*

### Office use only

Room Rental fee _____	Room Rental & _____	Deposit Invoice Issued _____
TSS Technician Quote _____	TSS fee processed _____	Deposit Invoice Rec'd _____
Total Fee & Quote _____		Balance Invoice Issues _____
Date fees issued to client _____	Date Completed _____	Balance Invoice Rec'd _____

**Rental of the Science Complex Atrium is subject to Terms and Conditions at [www.uoguelph.ca/arts/atrium](http://www.uoguelph.ca/arts/atrium)**

**I agree that I have reviewed said Terms and Conditions and agree to be bound by them.**

\_\_\_\_\_  
Signature CLIENT Date

\_\_\_\_\_  
Signature Atrium Event Coordinator

**Return signed contract & deposit to Vicki Isotamm, Dean's Office, College of Arts, University of Guelph, Guelph, Ontario N1G 2W1 or Fax(519) 837-1315**

SOCAN (Society of Composers, Authors & Music Publishers of Canada) fees for playing music are the responsibility of the Client.

Affiliated & External Clients must add the University of Guelph as an additional insured on their minimum \$1million liability insurance. Proof of Insurance required to confirm booking.