

EVENT DETAILS

Please fill out and send to Vicki Isotamm, visotamm@uoguelph.ca or fax 519 837-1315

Purpose of Event: _____

Classification: _____

A, B, C (see website) _____

Requested By:	Event Details:
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College or Unit: _____	Date: _____
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Department: _____	Time: _____
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Contact: _____	Purpose: _____
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Phone Extension: _____	
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E-mail Address: _____	
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Address (off campus) _____	
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Phone number _____	Course # and Instructor: _____
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Sound System- Please check items needed and amount, and technician time required.

- | | |
|--------------------------|---|
| 2 headworn microphones- | Internet and laptop connections- |
| 1 lav(lapel) microphone- | 1 LCD projector- |
| 2 microphones- | 1 7.5x10ft screen for forward or rear projection- |
| 2 wireless microphones- | 1 Drape kit- |
| 4 microphone stands- | 1 Podium (clear acrylic)- |
| 1 CD/DVD player- | |

Technician Time Required- _____

Funding Source and Information

College / Departmental Coding: _____

Invoice-pay by _____

cheque (payable to University of Guelph)

College or Departmental Authorization

Dean, Director or Chair: _____ Date: _____

Phone Extension: _____ e-mail address: _____

Authorization of appropriate Dean(s) / Director(s) and Chair(s) is required prior to submitting requests to Atrium Coordinator

Office use only

Room Rental fee issued _____	Room Rental+TSS fee issued _____
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Room Rental fee received _____	Room Rental +TSS received _____
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TSS Technician Quote _____	Deposit rec'd _____
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Date _____	Invoice issued _____
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Rental of the Science Complex Atrium is subject to Terms and Conditions at www.arts.uoguelph.ca/atrium. I agree that I have reviewed said Terms and Conditions and agree to be bound by them.

Signature - CLIENT	Date	Signature - Atrium Event Coordinato	Date
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Return signed contract and deposit to Dean's Office, College of Arts, University of Guelph, Guelph, Ontario N1G 2W1 or Fax(519) 837-1315