

Summerlee Science Complex Atrium Booking Request 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

Audio/Visual System- Please check items needed and quantity, and fill in the 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)
1 - IPOD hook-up _____	_____	Sound Check at _____

Sound System use included in Atrium Rental Fee. TSS Technician must set-up, monitor & 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 Event 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 Event Coordinator*

Office use only

Room Rental fee _____	Final TSS Labour Rec'd _____	Date Deposit Invoice Issued _____
TSS Technician Quote _____	Final TSS Labour Cost _____	Date Deposit Invoice Rec'd _____
SOCAN Tariff 8 fee _____	Applies if music is played or performed. \$29.56 +HST (\$33.40) w/o dancing; \$59.17 +HST (\$66.86) with dancing	
Total Fee & Quote _____	Date JE Requested _____	Date Balance Invoice Issued _____
Date fees issued to client _____	Date JE Completed _____	Date Balance Invoice Rec'd _____

Rental of the Summerlee Science Complex Atrium is subject to Terms and Conditions at 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 _____ Date _____

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

SOCAN (Society of Composers, Authors & Music Publishers of Canada) fees for playing music /live music performances are payable by the client. Fees +HST dictated by SOCAN.
 Affiliated & External Clients must add University of Guelph as an additional insured on their minimum \$1million liability insurance. Proof of Insurance req'd to confirm booking.