

# UNIVERSITY COLLEGE

## Events & Facilities Booking Request

### GENERAL INFORMATION

Department / Organization:

Primary Contact:

Phone:

Email:

### BOOKING DETAILS

Event Name:

Room(s):

Catered Event:

☐ Yes

☐ No

Date(s):

Alcohol Served:

☐ Yes

☐ No

Start Time:

End Time:

Projected Attendance:

Event Activities (please be as specific as possible):

Seating Configuration:

### TECH & PRESENTATION

#### Hardware Needs:

☐ Video Display / Projector

☐ Webcam

☐ Document Camera

☐ Podium Microphone

☐ Handheld Microphones (3)

☐ Lapel Microphone (1)

#### Software Needs:

☐ Powerpoint

☐ Zoom

☐ Video or Audio Playback

☐ Other: \_\_\_\_\_

If known, please indicate how many presenters will be featured: \_\_\_\_\_

☐ Presenters will use Room PC or UC Laptop

☐ Presenters will bring their own computer

### BILLING DETAILS

#### Internal (U of T Departments & Groups)

Group Division: \_\_\_\_\_ Group Name: \_\_\_\_\_

☐ CC \_\_\_\_\_

☐ CFC \_\_\_\_\_

☐ Fund \_\_\_\_\_

☐ G/L Account \_\_\_\_\_

#### External Groups (Invoice Issued)

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_