



University of California, Fresno Center
550 E. Shaw Avenue Fresno, CA 93710
Phone: 559.241.7400 Fax: 559.241.6554

Room Reservation Form

Days of the week: Monday Tuesday Wednesday Thursday Friday Weekends are NOT available

| | |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Date of Event: | |
| Start Time of set-up: | Actual End Time of event: |
| Actual Start Time of event: | End Time of clean up: |
| Additional Dates: | |
| No. of Attendees: | Room Requesting (If available): |
| Group/Organization: | |
| Name of Event/Meeting/Class: | |
| Instructor/Presenter: | Contact Person: |
| Billing Address w/ Zip Code: | |
| Phone: | Email Address: |
| Open to Public: Yes ___ No ___ | Fee for Admission: Yes ___ No ___ |
| If yes, for what purpose will proceeds be used? | |
| Organization Type: UC Center Partner _____ Government/School _____ Non-Profit _____ For Profit _____ UC Office _____ | |

All room setups and number of attendees must be finalized with the UC Center at least two weeks prior to event.

PRIOR TO ANY ROOMS BEING RESERVED, ALL UC OFFICES MUST PROVIDE:

Recharge FAU: Location _____ Account _____ Fund _____ Sub _____ Object _____

EQUIPMENT IS PROVIDED BASED ON AVAILABILITY

If you desire use of any equipment, please indicate QUANTITY of each type equipment needed

Podium _____ Microphone (Inyo/Kern Only) _____ Easel _____ Writing Board _____ Screen _____

ROOM CONFIGURATIONS

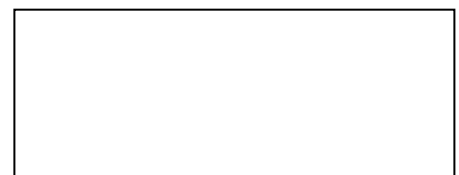
Selection must be CIRCLED and INITIALED on the UC Center Room Setups form (attached).

CATERING Name of Caterer: _____ Time expected: _____
 (This will assist us in directing the caterer to the correct conference room for your event.)

STATEMENT OF INFORMATION

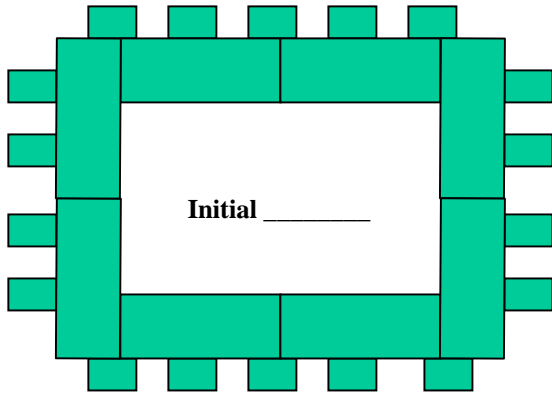
The undersigned, acting as an authorized agent of _____ states that the organization will be responsible for use fee (if any) and any damage sustained to the premises, furniture, or equipment because of our occupancy of said premises. The organization agrees to abide by and enforce the rules, regulations and policies of the University of California governing the use of the premises. Said policies have been read, signed and submitted with this application by an officer of the organization making this request. It is further understood and agreed that we will defend, indemnify, and hold harmless The Regents of the University of California, its officers, agents, partners and employees from and against any claims, costs, expenses, including an amount equal to reasonable attorney's fees, or liabilities arising out of or in any way connected to our use or occupancy of the above described University of California Center, Fresno facility. The undersigned further states that, to the best of his/her knowledge, the property for use of which application is hereby made will not knowingly be used for the commission of any illegal act or crime. This statement is made under penalty of perjury. **A 48-hour written notice of cancellation of your event is required to avoid room charges. Rooms are subject to change with prior notice. All changes to reservations must be requested no later than 48 hours before the event. Requested changes will only be accepted from the "Contact Person" listed on the Reservation Form. Changes received within 48 hours of the event will be accommodated to the extent possible.**

Signature _____ **Date** _____ **Organization/Group** _____

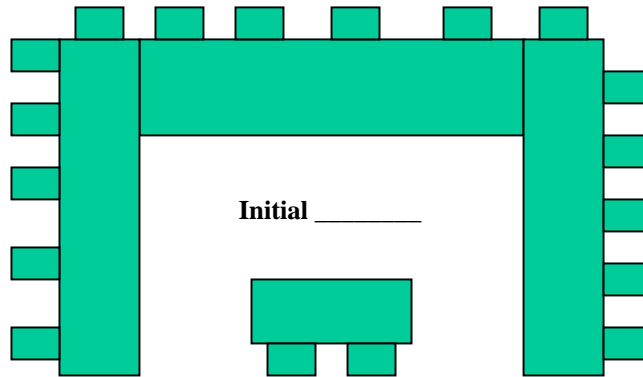


Please **CIRCLE** appropriate Set Up selection and **INITIAL** where indicated

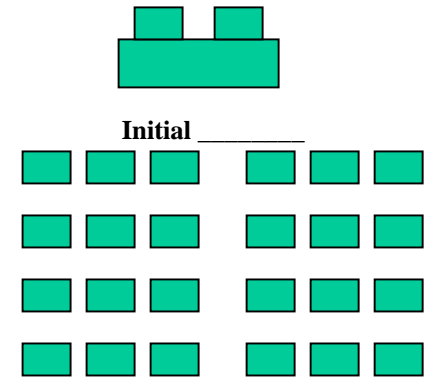
Conference Setup Max: 40



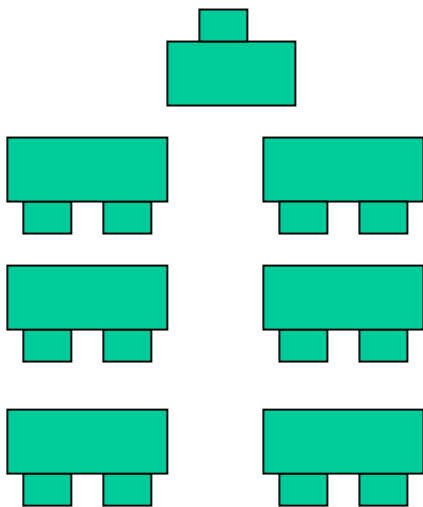
U-Shape Setup Max: 30



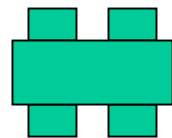
Theater Setup



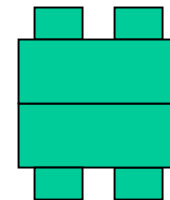
Classroom Setup



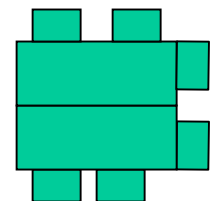
Café Setups: Specify # of Chairs & Tables per Grouping and # of Groupings needed for Your Conference



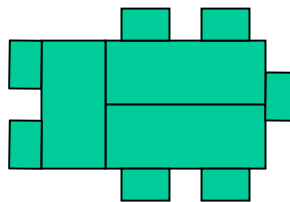
4 per 1 table



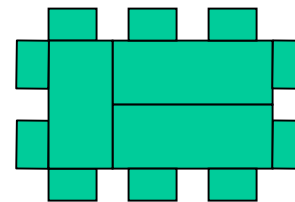
4 per 2 tables



5 or 6 per 2 tables



7 or 8 per 3 tables



9 or 10 per 3 tables

Initial _____

Initial _____