

SPRAGUE HALL CONFERENCE ROOM RESERVATION REQUEST FORM

Email completed form to both Krystina Jarema at kjarema@uci.edu
AND Nita Driscoll at nrdrisco@uci.edu.

Contact CRI Office with any questions, 949-824-2054

Date: _____

Event Name: _____

Name of Contact Person: _____ Dept: _____

Phone Number: _____ Email Address: _____

Event Date(s)* _____ Day(s) of Week: _____

*See below for regularly scheduled events. For irregular schedule, attach a list of dates & times.

Begin Time: _____ End Time: _____ # of Attendees: _____

Account/Fund Number: _____ (To be used ONLY for facilities fees if room is not returned to original condition and/or carpet needs to be spot cleaned at the end of your event.)

Please notify the CRI Office (ext: 42054) of changes or cancellations.

<p>Room Desired:</p> <p><input type="checkbox"/> Conference Room 105 (20-60 People)</p> <p><input type="checkbox"/> Conference Room 105 & Atrium Area</p> <p><input type="checkbox"/> Atrium Area</p> <p><input type="checkbox"/> Conference Room 205 (12-16 People)</p> <p><input type="checkbox"/> Conference Room 207 (12-16 People)</p>	<p>Type of Event:</p> <p><input type="checkbox"/> UCI Meeting</p> <p><input type="checkbox"/> Seminar</p> <p><input type="checkbox"/> Class</p> <p><input type="checkbox"/> Vender Show</p> <p><input type="checkbox"/> Social Function</p>
<p>Group Will Meet:</p> <p><input type="checkbox"/> Once Only</p> <p><input type="checkbox"/> Every Week on: _____</p> <p><input type="checkbox"/> Every Month on: _____</p> <p><input type="checkbox"/> Several Days Per Week:</p> <p><input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S</p> <p><input type="checkbox"/> Start Date: _____ End Date: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>Please Indicate if any of the following will be used / provided.</p> <p><input type="checkbox"/> Food</p> <p><input type="checkbox"/> Beverages*</p> <p><input type="checkbox"/> Sound System / Music</p> <p><input type="checkbox"/> Phone / Internet**</p> <p><small>*If Alcohol will be provided, an alcohol permit is required and MUST be sent to the CRI Office, Zot 3905.</small></p> <p><small>** Must be activated by NACS in advance and provide own phone</small></p>
<p>After Hours Event:</p> <p>Building is automatically unlocked M-F at 7:00am and locked at 6:00pm. Please contact the CRI Office for additional information on extending access to the building.</p>	<p>Please Note:</p> <ol style="list-style-type: none"> 1. If furniture is moved for your meeting, it MUST be returned to its original configuration. 2. No equipment may be left overnight in a room, without prior approval. 3. No food or food service items can be left in rooms.

Confirmation of your request will be emailed to the contact person listed above