

# Facility Rental Information Sheet

This application must be received by the Office of the Vice President for Strategic Partnerships and Workforce Innovation **at least 14 days before the event.**

Type in your responses, save the form, and send as an email attachment to **tking@parkland.edu**.

**Note: No reservation is complete without confirmation from the Vice President for Strategic Partnerships and Workforce Innovation's Office. Review and approval process may take 7-10 business days.**

Date(s) of event:		Space requested:			
Nature of function:					
Organization:					
Registration time:		Event start time:		Event end time:	
Room set-up style:	Classroom	Conference	Round	Theater	Other
Audio/visual needs:					
LCD Projector	Handheld Microphone	Video Conference	Guest Wi-Fi Access	Projector Screen	
Slide Projector	Lavaliere Microphone	Satellite Teleconference	Video Taping	TV/VCR Cart	
Overhead Projector	<b>Set-up is included in your rental fee.</b> <b>Rate will be \$45 per hour if technician is requested to remain at your event.</b>				
Number of attendees:  Admission charged?      No      Yes  Items sold?      No      Yes  Items to be sold:  Person in charge during the event (name/title):  Email:  Office phone:  Cell phone:  Fax:  <b>Cell and office phone numbers are required for emergency purposes.</b>			Bill to (name/address):          <b>Certificate of insurance must be received before a reservation of space is made.*</b>  Conference rooms: \$45/hour Class space: \$25/hour Weekend custodial fee starts at \$33.75/hour.  Make checks payable to Parkland College.  <b>Mail checks to:</b> Vice President for Strategic Partnerships and Workforce Innovation's Office, Parkland College 2400 W Bradley Ave., Room U330 Champaign, IL 61821-1899		

## For office use only:

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|--|---|
| <input type="checkbox"/> UOBFR sheet signed/returned | <input type="checkbox"/> Physical Plant request |
| <input type="checkbox"/> Internal approval form      | <input type="checkbox"/> Audio/visual request   |
| <input type="checkbox"/> Proof of insurance          | <input type="checkbox"/> Guest internet access  |
| <input type="checkbox"/> Invoiced                    |   |

## Final copy to:

- |  |
|--|
| <input type="checkbox"/> Rental Contact  |
| <input type="checkbox"/> Chief of Police |

