EMILY CARRUNIVERSITY OF ART + DESIGN

INTERNAL EVENT REQUEST

Room Booked YES NO Room #	EVENT APPROVED YES NO	
FACILITIES + EVENT CONFIRMATION (FACILITIES TO COMPLETE)		
RSVP REQUIRED YES NO	PRICE PER TICKET \$	
ARE GUESTS BEING CHARGED TO ATTEND? YES NO	TICKETED EVENT YES NO	
NUMBER OF ATTENDEES		
EVENT DESCRIPTION (Attach information if needed)		
EVENT WILL FEATURE: CATERING ALCOHOL S	SERVICE (please see University Policies 6.4 + 6.4.1)	
PHONE NUMBER	EMAIL	
EVENT CONTACT PERSON (must be on-site throughout		
START TIME	END TIME	
EVENT DATE	LOCATION	
EVENT IS OPEN TO THE PUBLIC STUDENT-C	DNLY PRIVATE	
EVENT NAME		
DEPARTMENT OF TEACHING AREA		
PHONE NUMBER	EMAIL	
NAME	POSITION	
STEP 5 Facilities will inform the Event Contact of fin	al event status	
STEP 2 Complete the Internal Event Request Form STEP 3 Acquire a signature from your GL ACCOUNT C STEP 4 Return the COMPLETED Form to Facilities (Fac	cilities will obtain all other approvals on your behalf)	
STEP 1 Contact the Scheduling Office (roombooking a hold can be accommodated for 1 week)		
APPROVAL PROCESS	SUBMISSION DATE	

BUDGET A All Events			
Please note that the following Budgetary Items are the res	ponsibility of the Contact Po	erson/Contact Department	
MEDIA RESOURCES TECHNICAL SUPPORT (at \$35/hour Minimum four (4) hour booking: please include set-up and take-Technician support is mandatory for Theatre A1060.		\$	
SECURITY FACILITIES can help determine security costs as required		\$	
JANITORIAL COSTS FACILITIES can help determine security costs as required		\$	
CONTRIBUTOR FEES Honoraria, Speaker Fees, Etc.		\$	
CATERING		\$	
CONTRIBUTOR TRAVEL		\$	
CONTRIBUTOR ACCOMMODATION		\$	
EVENT RENTALS		\$	
POSTER/ADVERTISING DESIGN		\$	
POSTER/ADVERTISING PRINTING		\$	
STUDENT MONITORS (starting at \$11.76 PER HOUR)	Rate: Hours:	\$	
PRODUCTION EXPENSES (MATERIALS, ETC.)		\$	
OTHER		\$	
	TOTAL for Budget A:	\$	
BUDGET B Facilities + Insurance			
Facility Fees and Event Insurance requirements may apply as determined by Facilities or Risk Assessment			
Facility Fees and Event Insurance requirements may apply as determined by the VP Academic			
FACILITY FEE		\$	
EVENT INSURANCE FEE		\$	
	TOTAL for Budget B:	\$	
BUDGET C Sponsorships + Partnerships			
NAME OF SPONSOR/PARTNER			
DOLLAR AMOUNT OF SPONSORSHIP		\$	
	TOTAL for Budget C:	\$	
EXPENDITURE APPROVAL Department Head/GL	Account Code Authority	,	
Maximum Expenditure Up To	\$		
Please add Budgets A, B + C together to achieve Maximum Expenditure Amount			
GL Account Code Budget Approva Signature		х	

Room Set-up Notes Provide details of additional table, chairs and room configuration if applicable		
A/V REQUESTS Event Pro	ogramming: Check all that	may apply
SHOW PRESENTATION	N (PowerPoint, Keynote, PDF)	PROJECT VIDEO I DVD
SPEAK TO AN AUDIEN	ICE	PROJECT VIDEO I LAPTOP
PLAY AUDIO CD		PROJECT VIDEO VHS TAPE
PLAY AUDIO I COMPU	TER	RECORD AUDIO ONLY
PLAY AUDIO iPOD	OTHER	
EQUIPMENT REQUESTED		
TRANSPARENCY PROJE	CTOR	MICROPHONE I WIRELESS HANDHELD
LAPTOP		MICROPHONE I WIRELESS LAPEL
ODVD PLAYER		CAMERA
DIGITAL AUDIO RECORDER	₹	OTHER I SPECIFY
ADDITIONAL NOTES + CO	MMENTS	
By submitting this form, the borrower assumes full responsibility for the equipment and agrees to reimburse Emily Carr University of Art + Design for any loss or damage. Some details of your request may change to conform to technical requirements, policies, security issues, availability of requested equipment and/or personnel.		
FOR A/V USE		
TECHNICIAN/MONITOR AS	SSIGNED	GL Account Code
SET-UP	DATE/TIME	TEAR-DOWN TIME ESTIMATED HOURS
SPECIAL		X
	COLLABORATIVE TECHNOLOGIES + MEDIA RESOURCES, ITS	

AUTHORIZATIONS		
VP ACADEMIC OFFICE APPROVAL		
EVENT TYPE	INTERNAL OPARTNERSHIP	
VP Academic X		
RISK ASSESSMENT/INSURANCE		
Proof of Insurance submitted OYES ON/A		
	Date (DD/MM/YY)	
Liquor Certificate Submitted (if applicable) YES	N/A	
University Secretary/VP Finance + Admin X		
JANITORIAL + SECURITY ASSESSMENT		
	Date (DD/MM/YY)	
General Manager, P3 Facility Operations X		