Event Reservation Form - Campus Guests Room/Space Requested Date of Event Time of Event: From ______ AM/PM_to _____ Day of the week ______ Title of Event______ Type of Event______ Phone (_____-Name of Contact Contact Email: Mailing Address Today's Date_____ Group/Organization/Company___ Room Layout & Notes: **Projected Attendance** Room Arrangement ☐ Lecture/Theatre style □ Banquet Security is required for any event with an expected ☐ Reception attendance of 100 or more, at a cost of \$40.00 per hour ☐ Classroom style per officer, 2 hour minimum. ☐ As is ☐ Circle of chairs Catering Needed ☐ Other- please illustrate No □ All food service on campus must be provided by Sodexo. To arrange for catering, please call (336) 272-7102 ext. 255. **Technical Assistance** Yes □ No Lights □ Sound □ In Finch Chapel and Huggins Performance Center, light and sound assistance is required. You will receive an estimate with your contract. **Equipment Needed** Yes □ No □ Tables # rec. # round Amount of set up time needed: _____ Skirts _____ Please return to: **Greensboro College** Cloths _____ Office of Conference and Events Chairs 815 W Market Street Greensboro, NC 27401 Podium _____ PA System/Mic.____ Room rental fees, equipment rental fees, cleaning/ set up fees. Screen____ technical assistance and security fees will be included on the Settlement Form you will receive with your contract. LCD Proj. _____ Contact the Conferences and Events Office with questions at Flip Chart_____ 272-7102 ext. 379. Easel Orchestra Shells _____ **OFFICE USE ONLY** ____ Calendar ____ Work Order WO # _____ Risers _____ Music Stands_____ Security Tech Name _____ Other _____

Outside Tech

of Guards

Tech in house