

Application for use of the University Business Center

University Form

California State University, Fresno

APPLICATION FOR USE OF THE UNIVERSITY BUSINESS CENTER

The Sid Craig School of Business

California State University, Fresno 93740-0005

Phone (209) 278-4947 FAX (209) 278-5964

FOR ON CAMPUS DEPARTMENTS AND ORGANIZATIONS

Date: _____

Company/Organization: _____

Advisor/Event Coordinator: _____ Mail Stop: _____

Office Phone Number: _____ Home Phone Number: _____ Fax Number: _____

Event Purpose: (Promotional copy or draft must be included) _____

Registration Amount: _____

Event Starting Date: _____ Event Ending Date: _____ Day of the week: _____

Starting Time: _____ Ending Time: _____

Number of Attendees: _____ Number of Parking Permits Needed: _____

You will be provided permits for the University Business Center parking lot for off campus attendees ONLY. It is your responsibility to see that people receive permits and park in the designated lot.

Cancellations will be honored up to three weeks prior to your event. After that time you are liable for the full rental charges (see reverse for rental fees).

Signature of Dept. Chair/Advisor: _____

Equipment Rentals:

- Overhead (\$20 each)
- Slide Projector (\$35 each)
- TV/VCR (\$35 each)
- Microphone (\$35 each)
- Computer Connection (\$50)
- Easel (\$10 each)
- Pads (\$15 each)
- Wipe-Off Pens (\$1 each)
- Satellite Downlink (\$125/Hr)
- Extension Cords
- 16 mm Movie Projector (\$40)
- Cassette Player/Recorder (\$25)

All evening and weekend event requiring A.V. equipment or technical support require a technician.

Technician Hours: _____ Technician Rate: _____ Technician Total: _____

Room Requested:

- Alice Peters Auditorium
- Executive Classroom 192
- Executive Classroom 193
- Breakout Room 194A
- Breakout Room 194B
- Breakout Room 194C
- Gottschalks Gallery
- Computer Lab
- Duncan Patio
- UBC Library

All Classroom have write-on boards and podiums (you may supply your own pens).

YOU AND/OR YOUR ORGANIZATION ARE RESPONSIBLE FOR SET-UP

Do you plan to have Breakfast: Lunch: Dinner: Reception: Coffee:

ALL MEAL FUNCTIONS INCLUDING BREAKS, MUST BE ARRANGED AND CATERED BY CSUF FOOD SERVICES. CALL 278-4345

Your Application has been: Approved: Disapproved: Reason for Disapproval: _____

Equipment Fee: _____ Food Services Fee: _____ Administrative Fee: _____

Deposit Amount: _____ Total Fee: _____

U.B.C. Authorized Signature _____ Date: _____