

**CATI – Conference Facility Reservation Application/Agreement
University Form**
California State University, Fresno

California State University - Fresno School of Agricultural Sciences and Technology		
CALIFORNIA AGRICULTURAL TECHNOLOGY INSTITUTE (CATI) Center for Agricultural Business (CAB) Center for Food Science and Nutrition Research (CFSNR) Center for Irrigation Technology (CIT) Viticulture and Enology Research Center (VERC)		
CONFERENCE FACILITY RESERVATION APPLICATION/AGREEMENT		
CLIENT INFORMATION (Please type or print)		
Name of Organization: _____		
Contact Person: _____		
Designee: _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Daytime Telephone #: _____		Fax #: _____
I/We have read this application and the attached policy and agree to all terms and conditions. The designee listed will be present during the <u>entire event</u> and will remain on-site until all guests and caterers are gone. If the event extends past regular business hours, the designee will stay until the facility has been secured.		
Print/Type Name	Signature	Date
ARRANGEMENTS (REFER TO CONFERENCE FACILITY POLICY AND ROOM SPECIFICATIONS)		
Function: _____		
Date (s): _____	Time: _____ am/pm to _____ am/pm	
	Facility access: _____ am/pm to _____ am/pm	
CATI/Center sponsored event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Set-up: <input type="checkbox"/> Theater <input type="checkbox"/> Banquet <input type="checkbox"/> Classroom	
Participant registration fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Room set-up to be provided by: <u>Client</u>	
Off campus group? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____ # of persons _____	
Will off campus individuals be attending this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Off-campus group liability insurance required? <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Will food be served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will beverages be served? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Caterer Name: _____	Business license #: _____	
Will alcohol be served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will minors (under age 21) be in attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: _____		
Please return both copies of this application. If approved and signed below, this document will become your signed agreement. Note important dates listed below.		
FOR CATI/CENTER OFFICE USE ONLY:		
Date application received: _____	Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Use priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Security deposit: \$ _____	Rental fee: \$ _____	Total due by: _____
Last date to cancel: _____	Parking relaxed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to serve alcohol requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permission received? <input type="checkbox"/> Yes <input type="checkbox"/> No
CATI/Center Representative: _____		Date: _____