ADRIAN COLLEGE Application is hereby made for use of College facilities as follows:

<u>PLEASE PRINT OR TYPE</u> if the form cannot be read, it cannot be processed for campus use. Read the terms of usage on the reverse side before completing the form. Complete this application and submit it to the Conference Office, Valade Hall, at least fourteen (14) days prior to the planned event. Direct all facility requests (classrooms, conference rooms, auditoriums and dining, etc.) to the Conference Office at 4382.

One event date per form is preferred. Submit one form for each building requested.

Today's Date

Building		(s)	Expected Attendance		
Day of Event	Date of Event	Period of Facili	ty Use:		
		In Time			
		Exit Time	AM PM		
		Event Start Time			
Description of event/P	urpose for use of facility				
Contact Person		Office Bldg	Sponsoring Organization		
E-mail Address		Phone/Campus Ext	Campus Mailbox #		
E-mail Address ** REQUESTED ARRANO	GEMENTS:	Phone/Campus Ext	Campus Mailbox #		
		Phone/Campus Ext	-		
** REQUESTED ARRANG	nt If no	ot already in room, please contac	-		
** REQUESTED ARRANG Audio Visual Equipmen	tt If no e Plec Plec	ot already in room, please contact ase contact Jee Pinsoneault 517-9 ase contact Pat DuMont ext. 4126	t ECC ext. 4485 to order 02-6409 or jpinsoneault@adrian.edu 5 or pdumont@adrian.edu		
** REQUESTED ARRANG Audio Visual Equipmen Audio Visual Assistance	tt If no e Plec Plec	ot already in room, please contact ase contact Jee Pinsoneault 517-9 ase contact Pat DuMont ext. 4126 ase complete a Plant Service Request P	t ECC ext. 4485 to order 102-6409 or jpinsoneault@adrian.edu		
** REQUESTED ARRANG Audio Visual Equipmen Audio Visual Assistance Catered	tt If no e Plec Plec Plea	ot already in room, please contact ase contact Jee Pinsoneault 517-9 ase contact Pat DuMont ext. 4126 ise complete a Plant Service Request I t with	t ECC ext. 4485 to order 102-6409 or jpinsoneault@adrian.edu 5 or pdumont@adrian.edu Form for any of the following needs and		
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I have read the Terms of Facility Usage policies on the back covering the on-campus use of facilities. I understand that the use of the facility requested must be in accordance with all Adrian College policies.							
Signature of Faculty/Staff	Date	Conference	Office	Date			
Department Account Number	Notify Conferences as soon as possible of event cancellations						