

You can save data entered in this form. Please complete the form and return via email straughn@ifas.ufl.edu or Fax (352)294-3544.

Name of Event	Hosting Organization/Department
Primary Contact Name	Email
Phone/Fax	Address

1. Please indicate the date and times you would like to reserve space.

	Dates Requested	Times Requested (Please include set up and clean-up time)
A or B		
C		
A and B		
B and C		
Ballroom (A, B and C)		
Outdoor Pavilion		

2. Will the primary contact on this form be present at the day of the event? Yes No
If not, who will be event manager the day of the event?

3. Is your event co-sponsored? Yes No If yes, with whom?

4. Briefly describe the purpose of event.

5. What is the total number of expected participants? If unknown, when do you expect to have an accurate estimate?

6. Please describe your intended room layout (i.e. theater, classroom, banquet, u-shape, hollow square).

7. Parking- How many cars are you expecting?

a. Please select which parking strategy you would like to pursue:

No arrangements are necessary. Attendees have appropriate decals and will obtain parking on their own.

I, the Event Sponsor, plan to work with Transportation and Parking Services (TAPS) to secure Temporary Decals to be used in the 67 space lot surrounding the center. I understand that purchasing temporary decals does not guarantee my attendees a parking space but rather the privilege to park in an open space.

I, the Event Sponsor, would like to work with both the Facility Coordinator and TAPS to reserve parking with an attendant.

More information regarding each of these options can be found on our [website](#).

8. Food and Beverage- Please list any meals or breaks you are planning to serve.

Description of meal/break	What caterer do you plan to use?*	Will alcohol be served?***

* An updated list of approved caterers can be found at <http://straughn.ifas.ufl.edu/resources.shtml#vendor>.

** To serve alcohol, you MUST complete the Alcohol Approval Form at <http://www.dso.ufl.edu/publications/alcholevent.pdf>.

9. Do you plan to work with any other outside vendors (e.g. A/V, plants, decorations) or services from outside groups not considered vendors?* If yes, please describe.

10. Audio Visual Services

a. Please indicate your audio visual needs:

Lectern Microphone

Lapel Microphone

Projector

Polycomm (Only in Room C)

Other

Wireless Handheld Microphone (Only in Room C)

b. Please indicate who from your group will be responsible for A/V equipment use during your event.

11. Please attach a copy or briefly list your agenda below. We understand things will change but this will help us ensure your meeting space needs are met.

I understand this is only a request form. No reservation is confirmed on the calendar until a Reservation Agreement is signed and returned to the facility coordinator.

I acknowledge that I have read, understood, and agree to the Straughn Extension Professional Development Center reservation guidelines and policies.