

**University of North Texas Health Science Center
Facilities Use Request Form**

Requestor Name	
Organization Name	
Email	
Phone #	
Address	
Date of Event	
Start time (includes set-up time)	
End time (includes clean-up time)	
Room Requesting	
Title of Event	
Event Category	<input type="checkbox"/> Affiliated <input type="checkbox"/> Unaffiliated <input type="checkbox"/> Employee
Type of Event	<input type="checkbox"/> Meeting <input type="checkbox"/> Lecture <input type="checkbox"/> Reception <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Other _____
Number of Participants	
Do you plan on serving food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need tables and chairs?	<input type="checkbox"/> Tables: _____ how many? <input type="checkbox"/> Chairs: _____ how many?
Do you need tablecloths?	<input type="checkbox"/> Yes (\$2.05 per cloth charge will apply) <input type="checkbox"/> No
Do you need Custodial Services?	<input type="checkbox"/> Yes (charges will apply, see policy) <input type="checkbox"/> No
Will you be serving Alcohol?	<input type="checkbox"/> Yes (charges may apply, see policy) <input type="checkbox"/> No
AV Equipment	<input type="checkbox"/> Yes (charges will apply) <input type="checkbox"/> No