

Argosy University, Chicago

Outside Event Request Form



Updated
4/3/09

All event requests must be submitted at least 30 days prior to event and pre-approved by a member of the AUC Executive Committee.
 Send Completed Form to Administrative Services Manager
 E-mail (rerickson@argosy.edu) or Fax (312.777.7748)
APPROPRIATE CERTIFICATE OF INSURANCE OR INSURANCE POLICY REQUIRED PRIOR TO EVENT DATE

Argosy University Chicago Contact Person Information

AUC Contact Name:

Email:

Business Phone:

Requester Information

Date of Request:

Name of Organization:

Requester Contact Name:

Email:

Business Phone:

Fax:

Address:

Date(s) Facility will be Needed:

From:

To:

Time Frame of Event:

From:

To:

Description of Event:

Room Arrangement

Expected Number of Attendees:

Events with more than 56 people in one room cannot be accommodated

Number of Rooms Requested:

Number of People Per Room:

Room Setup Specifications:

Regular Seating (56 chairs/28 tables)

Shape Seating (28 chairs/14 tables)

Theater Seating (56 chairs/no tables)

IT Requirements

Utilizing Non-Argosy Computer:

YES NO

Platform:

PC

MAC

IT Setup Assist Before Event:

YES NO

IT Support Throughout Event:

YES NO

Other IT Support Requested:

YES NO

(Specify Other IT Equipment
or Software)

AUC cannot provide any hardware/software not already owned or licensed by the University

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Pricing Rate

Facility Rental	\$ _____
IT Support	\$ _____
Other	\$ _____
Total	\$ _____

Agreement

The undersigned applicant for the use of the facilities of Argosy University, hereby agrees and promises to indemnify, hold harmless and, at the option of the University, defend the University from any claim for property damage or personal injury, including death, and from any loss arising out of the use granted by the University and/or the failure of the applicant to perform any obligation to the University under its rules on use of school facilities. Loss includes, but is not limited to, the University's reasonable attorney's fees and costs and expenses of an investigation, litigation and/or settlement of any such claim or loss. The term "University" includes the Argosy University Board of Trustees, EDMC and its members, employees and agents in their official and individual capacities.

The undersigned further agrees that no alcoholic beverages will be served or consumed in connection with the use of campus facilities. Additionally, no smoking is allowed in any of Argosy's facilities. Because of building restrictions, Argosy cannot accommodate events where any materials cannot be hand-carried using the regular passenger elevators. Argosy does not provide meal or catering services. All Argosy rules concerning facility use will be met and a Certificate of Insurance and/or true copy of the applicants insurance policy satisfactory to Argosy is required by the Argosy for all events. All events are subject to cancellation by the University due to unforeseen circumstances.

Name _____ Signature _____

PLEASE DO NOT WRITE BELOW THIS LINE/FOR OFFICE USE ONLY

FINAL EXECUTIVE APPROVAL

EC Member Approver Initials:		Name:		Date:	
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D.A.F.S. APPROVAL

Total Price Charged By Argosy:	\$ _____
D.A.F.S. Approver Initials:	Name: _____ Date: _____

ROOM ACCOMMODATIONS

Exec Assist Approver Initials:		Name:		Date:	
Room Reservation Confirmed:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Room Number(s):			
Scheduled Class After Event:	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Room Setup Approver Initials:		Name:		Date:	

IT APPROVAL

IT Supervisor Initials:		Name:		Date:	
IT Setup Scheduled:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
IT Support Scheduled:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				

cc: Originator
 Administrative Services Manager
 Laura Beal, Community Outreach

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