

## EDU Room Reservation Request Form



Organizer Name: \_\_\_\_\_

Organizer Email: \_\_\_\_\_

Organizer Phone: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Onsite Person Phone: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_  
(Include time for set up and clean up)

Number of attendees: \_\_\_\_\_

### Room Capacity

| Room                  | Standard | Small Groups (4-6) | Chevron | U-shape | Square | Theatre | Reception |
|-----------------------|----------|--------------------|---------|---------|--------|---------|-----------|
| Classroom A           | 42       | 42                 | 42      | 15      | 15     | 67      | 90        |
| Classroom B           | 42       | 42                 | 42      | 12      | 12     | 52      | 70        |
| Combo Classroom       | 70       | 70                 | 70      | 28      |        | 70      | 166       |
| Large Conference Room | 20       |                    |         | 12-15   | 16-20  |         |           |
| Small Conference Room | 12       |                    |         |         |        |         |           |
| Work Room A           | 6 - 8    |                    |         |         |        |         |           |
| Work Room B           | 6 - 8    |                    |         |         |        |         |           |

### Room

- Work Room A
- Work Room B
- Small Conference Room
- Large Conference Room – Please select room set up  
 \_\_\_ U-Shape \_\_\_ Square
- Combo Classroom - Please select room set up  
 \_\_\_ Small Groups \_\_\_ Chevron \_\_\_ Reception
- Classroom A - Please select room set up  
 \_\_\_ Small Groups \_\_\_ Chevron \_\_\_ U-Shape \_\_\_ Square \_\_\_ Theatre \_\_\_ Reception
- Classroom B - Please select room set up  
 \_\_\_ Small Groups \_\_\_ Chevron \_\_\_ U-Shape \_\_\_ Square \_\_\_ Theatre \_\_\_ Reception

## EDU Room Reservation Request Form



### Technology Needs

Microphone       Projector/Screen       Audio       Podium  
 Internet Access       Conference Call Phone       Video conferencing/recording

### Catering

**Are you providing food? Y N** Name of Caterer: \_\_\_\_\_

Time of catering delivery: \_\_\_\_\_ Time food will be served: \_\_\_\_\_

**Note: Meeting organizer must be here to accept the catering delivery and must coordinate delivery times with EDU staff. All food must be removed from the EDU office at the conclusion of the event.**

### Materials available for check out

Please mark all that you plan to use and indicate the number needed on the line provided (if known).

dry erase markers       sticky notes  
 dry erase spray cleaner       markers  
 scissors       colored pencils  
 scotch tape       crayons  
 pens

Special Requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Rental Rates

| Room                  | Community/<br>Public Rate | Campus Rate | SEHD Rate |
|-----------------------|---------------------------|-------------|-----------|
| Classroom A           | \$250/day                 | \$150/day   | Free      |
| Classroom B           | \$250/day                 | \$150/day   | Free      |
| Combo Classroom       | \$400/day                 | \$300/day   | Free      |
| Large Conference Room | \$200/day                 | \$100/day   | Free      |
| Small Conference Room | \$200/day                 | \$100/day   | Free      |
| Work Room A           | \$50/day                  | \$25/day    | Free      |
| Work Room B           | \$50/day                  | \$25/day    | Free      |

**Rental Total: \$\_\_\_\_\_**



**Payment**

**Community/Public**

Payment is accepted by check made payable to University of Colorado Denver. Meeting organizer will receive an invoice via email following the conclusion of the event. Invoice must be paid in full within 30 days of receipt. If meeting organizer is not billing contact please provide their information below.

Billing Contact Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Billing Contact Email: \_\_\_\_\_

Billing Contact Phone: \_\_\_\_\_

**Campus**

Please provide the speedtype the rental will be paid from and the amount of the rental below.

Speedtype: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**SEHD**

Please provide the department name that is reserving the space.

Department: \_\_\_\_\_ Amount: \$ Free

**Cancellation Policy**

EDU must be notified of cancellations at least 14 days prior to meeting date in order to avoid being charged the reservation fee. Notifications received less than 14 days prior to the reservation date will be charged the full reservation fee. If payment was submitted in advance, refunds will be granted if EDU is notified at least 14 days prior to the reservation.