

Facilities Use Form



NAME OF ORGANIZATION _____

LAST NAME OF RESPONSIBLE PARTY _____

FIRST NAME _____

EMAIL ADDRESS _____

PHONE NUMBER _____

ALTERNATE CONTACT & NUMBER _____

EVENT TITLE _____

EVENT DATE _____

EVENT START TIME _____

EVENT SETUP TIME _____

EVENT STOP TIME _____

EVENT BREAKDOWN _____

PAE OFFICE LOCATIONS

CONFERENCE ROOM (MAX 65) _____ BOARD ROOM (MAX 16) _____ MEETING ROOM (MAX 10) _____

SETUP REQUIREMENTS (Select those that apply)

SIZE OF PARTY _____

AUDIO VISUAL _____

TRANSLATOR _____

EVENT SETUP _____

FOOD SERVICES _____

OTHER NEEDS:

Who is responsible for food expense if food services are requested?

Notes:

SIGNATURE _____