

ASI Associated Students, Inc. **Funding Request Form** 2018-19

"...For the Students, by the Students!"

Necessary Documents:

- ☒ Event Flyer w/ ASI Logo
- ☒ CSI Event Reg. Form
- ☒ Estimates / Food Permits
- ☒ Event Estimates / Invoices

Contact

Officer Name
Officer Title
Address
City/State/Zip
Phone & Email
Officer Signature

Organization

Club/Organization: Student Dietetic Association
 Event Title: CDP/ DPD Panel **FALL**
 Date(s) of Event: Nov 5th, 2018 Semester Select One...
 Location of Event: USU Los Angeles 308B
 Expected Total Attendance: 50
 Expected Attendance of Cal State LA Students: 45

Event Description and Total Cost Breakdown

Briefly describe the event:

This event will feature a panel of registered dietitians who will talk about their experiences with the DPD/ CPD process which is required to become a dietitian. They will be answering questions from the audience.

Is the event open to all Cal State LA students?: Select One... **YES**

How will this program enhance the Cal State LA experience?:

This will greatly benefit anyone who is interested in becoming an RD, even those who are not within in the Nutritional Science major, but may want to learn more about the career.

Hospitality

Description	Amount
UAS Catering	\$568.83

Honoraria/Contracts

Description	Amount
7 \$25 starbucks giftcards for panelis	\$175.00

Marketing

Description	Amount
10 17 inch x 11 inch flyers	\$7.50
30 8.5 x 11 inch flyers	\$15.30

Other

Description	Amount
7 parking permits - \$8 each	\$56.00

Event Summary

Total Cost of Event: \$822.63
 Amount Requested from ASI: \$822.63
 Amount from other sources:
 What other resources are you employing for this event?

For Office Use Only • Do Not Write Below

Important:

- (1) All Funding Request Forms must be turned in by 12 PM Friday, the week before the Funding Sub-Committee Meetings.
- (2) Additionally, funding request forms must be turned in no less than 10 business days (2 weeks) prior to the event.
- (3) Deadline for Request for Payment or Purchase Order (RPP) is 15 days after the event.


All forms must have a Time Stamp and

staff initial: **SK**

10 SEP 6 PM 2:03:20

[Category](#) ▾[Funmi Salami](#) ▾[Cart \(1\)](#) ▾

CART

Products	Quantity	Unit Price	Total
 CDP Ledger Item Name: Color	<input type="text" value="10"/> Remove	\$0.67	\$6.70

Total: \$6.70

The total above does not include applicable taxes and shipping charges.

[← CONTINUE SHOPPING](#)[CLEAR CART](#)[PROCEED TO CHECKOUT →](#)[↓ Staples EasyPrint 3.0](#)[English \(United States\)](#)[My Location - 1390 - Staples 701 West Redondo Beach Blvd.](#)

Color

[Review My Job](#)[Help](#)[Close](#)

Files

Add Files

Ledger CDP DPD Pa...

* Job Name

CDP_Ledger

* Quantity

10

* Pages

1

Select Job Options

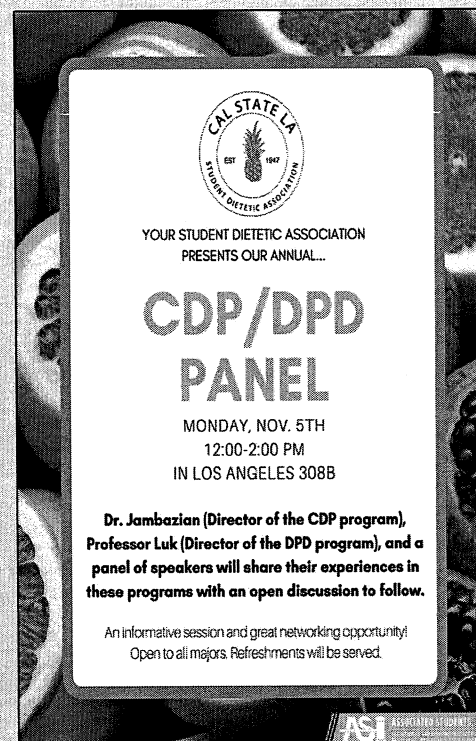
Print Options

☒ Color or B&W
Color☐ Media(11x17 24lb Sta...☒ Sides
Single-sided (simplex)☒ Orientation
Portrait☒ Collation
Collated☐ Binding
No Binding☐ Hole-Punch
No Hole-Punch

Cutting

11 Inches

17 Inches



1 / 1


38%

Unit Price \$0.67 Total Price \$6.70

Save

Add to Cart

CART

Products	Quantity	Unit Price	Total	Total: \$15.60 The total above does not include applicable taxes and shipping charges.
 CDP 4x1 Item Name: Color	<input type="text" value="30"/> Remove	\$0.52	\$15.60	

[← CONTINUE SHOPPING](#)
[CLEAR CART](#)
[PROCEED TO CHECKOUT →](#)
[↓ Staples EasyPrint 3.0](#)
[English \(United States\)](#)
[My Location - 1390 - Staples 701 West Redondo Beach Blvd.](#)

Files

Add Files

CDP_4x1 .pdf

* Job Name

CDP 4x1

* Quantity

30

* Pages

1

Select Job Options

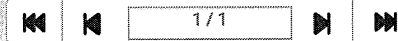
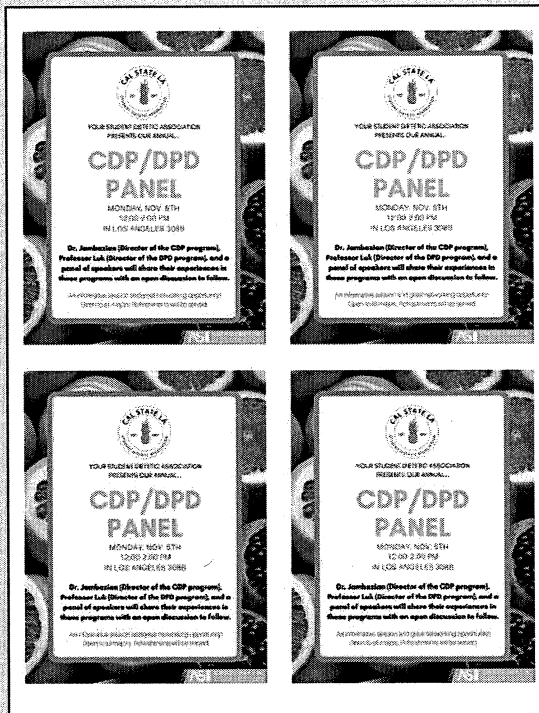
Print Options

☒ Color or B&W
Color☐ Media(8.5x11 24lb Sta...☒ Sides
Single-sided (simplex)☒ Orientation
Portrait☒ Collation
Collated☐ Binding
No Binding☐ Hole-Punch
No Hole-Punch

Cutting

8.5 Inches

11 Inches



Unit Price \$0.52 Total Price \$15.60

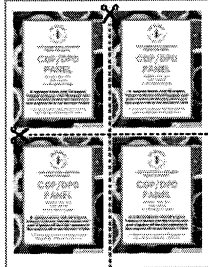
Save

Add to Cart

Print & Copy Job Quote



Copies and Flyers



Quote Date:

08/30/2018

Price: \$15.30

Note: Price subject to change
without notice

Print Details

Print Info

Product Type	Copies And Flyers
Quantity	30
Total Impressions	30
Impression Type	Color Single Sided
Originals/Pages	1
Paper	Standard Whites 28lb
Paper Size	Letter
Paper Color	White
Orientation	Portrait
Original Size	8.5 X 11.0
Final Size	8.5 X 11.0

Finishing Options

Staples	None
Cutting	Cutting 4 Yield
Folding	None
Hole Punching	None
Wafer Seals	None
Wafer Color	None
Perforation	None
Lamination	None
shrinkwrap	None

Customize specifics pages and Slipsheets
N/A

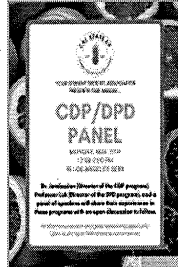
Index Tabs
N/A

Special Instructions
N/A

Print & Copy Job Quote



Copies and Flyers



Quote Date:

08/30/2018

Price: \$7.50

Note: Price subject to change
without notice

Print Details

Print Info

Product Type	Copies And Flyers
Quantity	10
Total Impressions	10
Impression Type	Color Single Sided
Originals/Pages	1
Paper	Standard Whites 28lb
Paper Size	Ledger
Paper Color	White
Orientation	Portrait
Original Size	22.91 X 35.41
Final Size	17.0 X 11.0

Finishing Options

Staples	None
Cutting	None
Folding	None
Hole Punching	None
Wafer Seals	None
Wafer Color	None
Perforation	None
Lamination	None
shrinkwrap	None

Customize specifics pages and Slipsheets

N/A

Index Tabs

N/A

Special Instructions

N/A



Golden
Eagle
Hospitality

for: Event # E34207
on: Monday, November 05, 2018

Client/Organization Student Dietetic Association	Event Date 11/5/2018 (Mon)	Booking Contact [REDACTED]	Event # E34207
Address 5151 State University Drive, P.E. 206		City, St/Prov Postal Los Angeles, CA 90032	Booking Tel [REDACTED]
Party Name Student Dietetic Association	Sales Rep Amy Miers	Theme	Category

Venue				
Description	Type	Start	End	
		11:45 am	12:00 pm	
				Banquet Room Student Union
				Setup Style Delivery

Food & Beverage

Food/Service Items	Unit	Price	Total
**Deliver to USU Los Angeles			
B at 12:00 pm **			
(50) Disposables	Each	0.50	25.00
(1) Large (Fifteen 12" Sub)(cut into 3)	Platter(s)	85.00	85.00
-Roasted Turkey			
(2) Assorted Tea Sandwiches(turkey)	Dozen(s)	12.00	24.00
(2) Assorted Tea Sandwiches(Cucumber Cream Cheese)	Dozen(s)	12.00	24.00
(1) Assorted Tea Sandwiches (Chicken Salad Tea Sandwiches)	Dozen(s)	12.00	12.00
(3) Fruit Skewers With Yogurt Dip	Dozen(s)	24.00	72.00
(1) Dessert Brownies(Chocolate Fudge)	Dozen(s)	25.00	25.00
(1) Dessert Brownies(Mint)	Dozen(s)	25.00	25.00
(1) Dessert Bars(Lemon)	Dozen(s)	25.00	25.00
(1) Dessert Bars(Raspberry Crumble)	Dozen(s)	25.00	25.00
(3) Fresh-Brewed Coffee (Regular)	Gallon(s)	28.00	84.00
(1) Fruit-Infused Water (mixed berries)	Gallon(s)	18.00	18.00
Water Service			

Authorized Signature & Date: _____
(Please sign & date all pages)

E34207 - Student Dietetic Association

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Total
Subtotal	342.00	102.00	0.00	0.00	0.00	0.00	0.00	444.00
Service Charge	58.14	17.34	0.00	0.00	0.00	0.00	0.00	75.48
Taxes	38.01	11.34	0.00	0.00	0.00	0.00	0.00	49.35
Total	438.15	130.68	0.00	0.00	0.00	0.00	0.00	568.83

Subtotal	444.00	Paid	0.00
Tax	49.35	Balance	568.83
Service Charge	75.48		
Total Value	568.83		

Banquet Event Order is invalid unless signed and returned along with a check or purchase order to the Golden Eagle Hospitality Office. Missing catering equipment is the responsibility of the Authorized Signee. A 17% Service Fee and 9.5% Sales Tax will be Charged where applicable. 72 Hours Guest Count Confirmation and Cancellation Notice Needed.

Authorized Signature & Date: _____
(Please sign & date all pages)



YOUR STUDENT DIETETIC ASSOCIATION
PRESENTS OUR ANNUAL...

CDP/DPD PANEL

MONDAY, NOV. 5TH
12:00-2:00 PM
IN LOS ANGELES 308B

**Dr. Jambazian (Director of the CDP program),
Professor Luk (Director of the DPD program), and a
panel of speakers will share their experiences in
these programs with an open discussion to follow.**

An informative session and great networking opportunity!
Open to all majors. Refreshments will be served.

STUDENT ORGANIZATION EVENT REGISTRATION FORM

COMPLETED



This form must be completed 10 business days prior to the event date. Reservations for on campus events will not be confirmed unless this form has been completed. No publicity may be distributed or posted online until this form has been submitted for off campus events or until the reservation confirmation process has been completed for on campus events. **Signatures must be completed in blue or black ink.**

NAME OF ORGANIZATION: Student Dietetic Association PHONE: [REDACTED] DATE: 8/22/18
EVENT CONTACT NAME: [REDACTED] EMAIL: [REDACTED]
NAME OF EVENT: CDP/DPD Panel: A Discussion On Dietetic Internship Options & Expe LOCATION: Los Angeles Room 308B
EVENT DATE: 11/5/18 BEGIN TIME: 12:00 END TIME: 2:00pm ESTIMATED ATTENDANCE: 70

TYPE OF ACTIVITY (THE UNIVERSITY'S GENERAL RELEASE WILL BE REQUIRED FOR CERTAIN EVENTS.)

- ☐ PROCEEDS TO BENEFIT ☒ EDUCATIONAL PROGRAM ☐ SPIRITUAL PROGRAM ☐ RECREATIONAL PROGRAM
☐ DANCE/PARTY ☐ SOCIAL PROGRAM ☒ COMMUNITY SERVICE ☐ CONFERENCE/CONVENTION
☐ OTHER: [REDACTED] ☐ SPEAKER/PANEL

WILL YOUR EVENT INCLUDE ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

- ☐ SPORTS ACTIVITY OR COMPETITION ☐ BEACH/FOREST/PARK CLEAN-UP ☐ INTERNATIONAL TRAVEL
☐ BONFIRE ☐ INDOOR/OUTDOOR COOKING ☐ DOMESTIC TRAVEL
☒ AMPLIFIED SOUND ☐ ANIMALS

PLEASE DESCRIBE THE EVENT BELOW (INCLUDE ALL ACTIVITIES):

A panel of dietitians and dietetic interns provide information on the internship programs available at Cal State LA and elsewhere. Personal experiences and tips will also be provided, as well as the opportunity to network. Refreshments will be served.

HOW WILL YOU MARKET THIS EVENT? (CHECK ALL THAT APPLY)

- ☐ PRINTED POSTCARDS ☒ PRINTED POSTERS/FLIERS ☒ SOCIAL MEDIA: facebook.com/csulasda ☒ OTHER: csulasda.net

WHO WILL BE INVITED? (CHECK ALL THAT APPLY):

- ☒ STUDENT ORG. MEMBERS ☒ CAL STATE LA COMMUNITY ☒ OTHER COLLEGES & UNIV. ☐ GENERAL PUBLIC ☐ GUEST LIST

Events intended for the general Cal State LA campus will be listed in the Student Organization Calendar of Events distributed in a bi-weekly email by the Center for Student Involvement. ☐ NO, I DO NOT WISH FOR MY EVENT TO BE POSTED.

WILL THE EVENT HAVE AN ADMISSION CHARGE, REGISTRATION FEE, OR RAISE ANY PROCEEDS TO BENEFIT THE ORGAZNIZATION?

(If yes, please complete statement regarding proceeds to benefit transactions on the back of this form) ☒ NO ☐ YES

WILL A MOVIE BE SHOWN? ☒ NO ☐ YES (If yes, please attach written proof of viewing rights.)

WILL THE EVENT HAVE SECURITY? ☒ NO ☐ YES If yes, please explain [REDACTED]

WILL FOOD BE SERVED AT THE EVENT? ☐ NO ☒ YES

IF YES, WHO WILL PROVIDE THE FOOD? ☒ UNIVERSITY CATERING ☐ OTHER: [REDACTED]

A completed food permit is required for all on-campus events with food unless the food is provided by University Catering.

WILL ALCOHOL BE PRESENT AT THE EVENT? ☒ NO ☐ YES. Please attach a completed request to serve alcoholic beverages.

(This form may take up to two weeks for review and possible approval.)

WILL THE EVENT BE HELD IN A RESTAURANT/VENUE WHERE ALCOHOL IS AVAILABLE? ☒ NO ☐ YES

If so, please affirm organization members and guests will not consume alcohol.

Initials

PLEASE LIST 2 TIPS and SVPT TRAINED MEMBERS ON PAGE 2.

WILL OFF-CAMPUS MEDIA BE NOTIFIED ABOUT THE EVENT (NEWSPAPER, TV, RADIO, ETC.)? ☒ NO ☐ YES, PLEASE PROVIDE WHO WILL BE INVITED ON PAGE 2.

DOES THE STUDENT ORGANIZATION WANT TO PURCHASE SPECIAL EVENT INSURANCE FOR THIS EVENT? ☒ NO ☐ YES

Please be aware that student organization events are not covered for liability or other insurance by California State University, Los Angeles or the University-Student Union. Student organization officers or the advisor may be held liable. If the student organization would like to purchase Special Event Insurance for a particular event, please contact [REDACTED]

RECEIVED

Updated 08.13.08 | Page 1 of 2

BY: CA

STATEMENT REGARDING PROCEEDS TO BENEFIT TRANSACTIONS

As officers of this recognized student organization at Cal State LA, we affirm that all proceeds raised or assets assigned will be used solely for the benefit of the organization as a whole. Further, it is affirmed that no proceeds or assets of this organizations will accrue to the benefit of any officer, member, or any private person. We also affirm that all proceeds transactions for this event will comply with all University policies and procedures including but not limited to ICSUAM Policy 3141.01 and the Cal State LA Student Organization Funds Administration Policy. Describe the admission charge, registration, participation fee, or any proceeds that will be raised to benefit the organization. Please include how much the organization will be charging for any of these proceeds.

PRESIDENT: [REDACTED]		SIGNATURE: [REDACTED]	DATE: 8/22/18
TREASURER: [REDACTED]		SIGNATURE: [REDACTED]	DATE: 8/18/18
U-SU STUDENT ORGANIZATION ACCOUNT # [REDACTED]		or <input type="checkbox"/> APPROVED EXEMPT STATUS: CSI VERIFICATION <input type="checkbox"/>	

EVENT GUIDELINES

The following guidelines are provided for the benefit of the student organization. They are intended to be followed completely. Failure to comply with any of the following guidelines may result in disciplinary action taken against the organization including suspension of recognition, events and use of facilities. More information can be found online in the Student Organization Handbook.

- CONDUCT:** The organization assumes full responsibility for the conduct of participants at the event. Any violation of University policy may subject the participants and/or the organization to disciplinary action by the Center for Student Involvement or Student Conduct.
- ALCOHOL:** In accordance with Administrative Procedure 019 - Alcoholic Beverages, any event (on or off campus) that involves the consumption of alcoholic beverages requires authorization from the University. Your organization must complete and submit a Request to Serve Alcoholic Beverages form in addition to this Event Registration Form. Please allow at least 3 weeks for this form to be reviewed by the University. Approved alcohol consumption events and events held where alcohol is available (but will not be consumed) require at least two TiPS certified members and two Sexual Violence Prevention & Resources Trained (SVPT) members to be in attendance of the entire event. Additional guidelines may be enforced.
- PUBLICITY:** All publicity material must comply with University Administrative Procedures AP P003 and AP P007. All printed marketing to be used for marketing registered events are required to be stamped by CSI prior to their approved posting. Stamps can be obtained after the event has been registered. All printed material may be posted for up to a period of fourteen (14) calendar days. For student organizations, the "POSTING VALID THRU ____" stamp must be clearly visible on the face of the posting.
- GENERAL RELEASE:** If your event will require the use of general release waivers prior to organization member and guest participation, your organization is required to comply with all instructions provided by CSI, including submitting all completed forms and requested documents.

MY SIGNATURE BELOW INDICATES THAT I WILL TAKE RESPONSIBILITY TO ENSURE THAT THE EVENT WHICH MY ORGANIZATION IS SPONSORING WILL FOLLOW ALL GUIDELINES SET FORTH BY THE UNIVERSITY. I ACKNOWLEDGE THAT THIS EVENT AND ANY ASSOCIATED EVENT SPACE RESERVATIONS MAY BE SUBJECT TO CANCELLATION BASED ON MY ORGANIZATION'S RECOGNITION STATUS.

STUDENT ORG. OFFICER'S NAME

SIGNATURE (PLEASE USE BLUE OR BLACK INK ONLY)

DATE:

ADVISOR'S NAME

8/22/18
8/21/18

ACKNOWLEDGMENT - FOR OFFICE USE ONLY

CENTER FOR STUDENT INVOLVEMENT (U-SU 204)

SIGNATURE:

DATE:

CSI VERIFIES THE ORG. IS RECOGNIZED BY THE UNIVERSITY

[Signature]

8/22/18

ASSISTANT DEAN OF STUDENTS: WELLNESS & ENGAGEMENT

GENERAL RELEASE REQUIRED FOR ALL PARTICIPANTS? ☒ NO ☐ YES DATE REQUIRED: _____

NOTIFICATIONS:

☐ PUBLIC AFFAIRS

DATE: _____

☐ ATHLETICS

DATE: _____

☐ DEPT. OF PUBLIC SAFETY

DATE: _____

☐ FACILITIES USE COORDINATOR

DATE: _____

☐ OTHER: _____

DATE: _____

☐ U-SU BUSINESS OFFICE

DATE: _____

NOTES OR UPDATES: (TiPS-CERTIFIED/SVPT TRAINED MEMBERS, SOCIAL MEDIA SITES/HANDLES, INVITED MEDIA, ADDITIONAL INFORMATION/REQUIREMENTS)

need to return w/ printed poster for stamp + posting
↓ pending posting

RECEIVED AUG 22 2018
mm@5:40pm



CALIFORNIA STATE UNIVERSITY, LOS ANGELES
UNIVERSITY
STUDENT UNION

MEETING ROOM REQUEST FORM

CALIFORNIA STATE UNIVERSITY, LOS ANGELES
5154 State University Drive, Rm # 107
Los Angeles, CA 90032-8636
Phone: (323) 343-2465 Fax (323) 343-2454

Type of Sponsor: ☒ Recognized Club/Org ☐ Cal State LA Department ☐ Off-Campus ☐ Other

Organization Name: CSULA SDA

Phone Number: _____

Date of Event*: 11/3/18

Reservation Contact: _____

Email: _____

Title of Event: CDP/DPD Panel

Access Start Time: 11:30 Event Start Time: 12 pm Event End Time: 1:00 pm Access End Time: 2:30 pm

Event Contact: _____ Phone Number: 760)609-5662

Faculty/Staff Advisors Name: _____ Extension: # 4729

If you represent an off campus organization, please provide your billing address:

Street Address: _____ City/State/Zip Code: _____

SPECIAL EVENT INSURANCE CAN BE PROVIDED: Yes ☒ If YES, sponsor must name the University-Student Union, the State of California, the Trustee of the California State University, the California State University, Los Angeles, and their officers, agents, employees and volunteers as additional insured. The general liability limit must be of no less than one million dollars (\$1,000,000).

No ☐ If NO, sponsor will be required to complete Event Insurance Assessment Form (Schedule B).

EVENT INFORMATION

Please check YES or NO to the following statements regarding event details: (Additional fees may apply)

Registration, admission fees, or donations are being accepted: ☐ YES ☒ NO If so, please specify amount: \$ _____

51% or more guests/participants will be from off-campus: ☐ YES ☒ NO

There will be a vendors fair or exhibitors as part of this event: ☐ YES ☒ NO

Alcohol will be served: ☐ YES ☒ NO If so, an approved request to serve Alcoholic Beverages form must be submitted.

Food will be served: ☒ YES ☐ NO If so, who is providing? UAS catering

This event is directly related to the educational mission of the University: ☒ YES ☐ NO

This event is sponsored or promoted by a non-University or off-campus organization: ☐ YES ☒ NO If so specify: _____

This event is a profit-making venture (i.e. product show, or solicitation of goods or services): ☐ YES ☒ NO

Decorations, banners, or signs will be displayed: ☒ YES ☐ NO If yes, please describe: Signs

This event will include filming or recording: ☐ YES ☒ NO If so, please specify: _____

The media will be notified about the event (newspapers, television, radio stations etc.): ☐ YES ☒ NO If so, specify: _____

A movie/film/documentary will be shown at this event: ☐ YES ☒ NO If so, viewing rights must be provided before event can be confirmed.

This event is co-sponsored by the U-SU or on-campus department: ☐ YES ☒ NO If so, specify: ☐ CCC ☐ CSI ☐ Other: _____

EVENT LOCATION ** Indicates Multi-Media Room (See back for details)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> U-SU Theatre 106** | <input type="checkbox"/> Alhambra Room 305** | <input type="checkbox"/> Los Angeles Room 308A** | <input type="checkbox"/> Montebello Room 309 |
| <input type="checkbox"/> Boardroom South 303A | <input type="checkbox"/> Pasadena Room 307 | <input checked="" type="checkbox"/> Los Angeles Room 308B** | <input type="checkbox"/> El Monte Room 311 |
| <input type="checkbox"/> Boardroom North 303B** | <input type="checkbox"/> Los Angeles Room 308ABC** | <input type="checkbox"/> Los Angeles Room 308C** | <input type="checkbox"/> San Gabriel Room 313** |
| <input type="checkbox"/> Boardroom North & South 303** | <input type="checkbox"/> Los Angeles Room 308BC** | | |

PREFERRED ROOM SET UP

☐ Theatre Style

☐ Banquet Style

☐ Reception Style

Expected Attendance

☒ Setup Count: 40

☐ Conference Style

☐ Classroom Style

☐ Discussion Circle

☒ Specialized

(For specialized setups, sponsors will need to meet with a coordinator for more details.)

ADDITIONAL EQUIPMENT

- For additional details such as panels, food tables, information tables, easels, please provide more information below.

☐ Dry/Erase Markers ☐ Riser Staging ☐ Easel (up to 4) _____ Tables ✓2 Chairs ✓10 Cocktail Tables _____

NOTES:

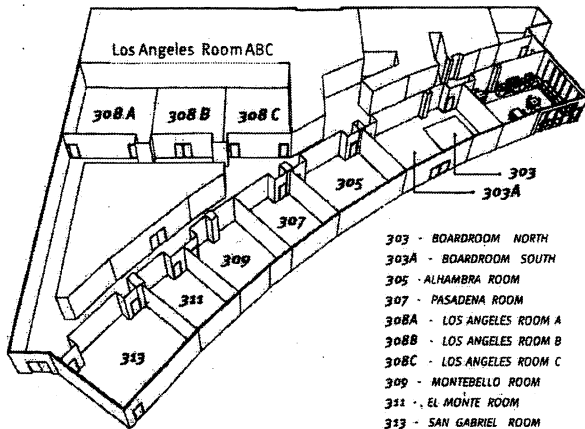
Requestor's Signature: _____

Date: 8/22/18

Before you sign, please review your information at the front/back of this page to ensure accuracy.

☐ **LOS ANGELES ROOM CONCERT PA** (For Bands Only)

Wired Microphone _____ up to 7 available ☐ i-pod Connection ☐ DI Box (Direct Input Box) 1 available
For events with a band playing, please set-up a meeting with Event Services Coordinator at the U-SU Front Desk 107.



MEDIA SERVICES - SMART ROOMS

These rooms come with a built-in Audio and Visual System.

Select the room(s) needed for audio/visual equipment then add accessories below.

- ☐ BOARD ROOM NORTH
☐ ALHAMBRA
☐ SAN GABRIEL
☐ LOS ANGELES A
☒ LOS ANGELES B
☐ LOS ANGELES C
☐ LOS ANGELES ABC Screens: ☐ A ☐ B ☐ C ☐ Side C
☐ LOS ANGELES BC ☐ B ☐ C ☐ Side C
*Sponsors are responsible for providing their own laptop

PODIUM OPTIONS

If you selected a room, each room comes with a Podium, Projector, and Screen. Select additional items below if needed.

- ☐ 3.5 mm Jack for Audio Connection (for Sound)
☐ Podium Microphone
☒ Wireless Microphone: Hand-held 2 Up to 2
☒ Wireless Microphone: Lavalier (Clip Mic) 2 Up to 2
☐ Music Playback: ☐ iPod ☐ CD
☐ DVD/VHS ☐ DVD ☐ VHS
☒ Laser Pointer/Powerpoint Clicker
Laptop/VGA Adaptors: ☐ MAC ☐ HDMI ☐ Surface

MEDIA SERVICES - NON SMART ROOMS

Please select room with a media cart upon request.

Please select room and individual items needed for the event.

- | | |
|--|--|
| <input type="checkbox"/> BOARD ROOM SOUTH
<input type="checkbox"/> PASADENA
<input type="checkbox"/> MONTEBELLO
<input type="checkbox"/> EL MONTE | MEDIA CART OPTIONS
<input type="checkbox"/> LCD Projector <input type="checkbox"/> Bluetooth
<input type="checkbox"/> MP3 Playback <input type="checkbox"/> FM Radio
<input type="checkbox"/> Sound Connection |
|--|--|
- Accessories**
☐ Non-Amplified Podium ☐ Laser Pointer/Powerpoint Clicker
☐ Laptop/VGA Adaptors: ☐ MAC ☐ HDMI ☐ Surface

NOTE: To reserve the theatre, once the request form has been submitted a meeting must be set up with a Coordinator.

MEDIA SERVICES THEATER - U-SU THEATER PACKAGES

- | | | |
|---|--|--|
| <input type="checkbox"/> Basic Sound - CD/MP3 player with 1 Wireless Mic | <input type="checkbox"/> Podium | <input type="checkbox"/> Bluetooth Audio |
| <input type="checkbox"/> Full Sound - CD/MP3 player <input type="checkbox"/> Wireless Mics _____ 5 available | <input type="checkbox"/> DI Box _____ 2 available | <input type="checkbox"/> Bluetooth Audio |
| <input type="checkbox"/> Full Cinema - Projector, Blu-Ray/DVD/VHS player <input type="checkbox"/> 2 Wireless Mics | <input type="checkbox"/> Computer/Sound Connection | <input type="checkbox"/> Bluetooth Audio |
| <input type="checkbox"/> Presentation - Projector, Computer/Sound connection, Podium <input type="checkbox"/> 3 Wireless Mics | <input type="checkbox"/> Blu-Ray or DVD/VHS Player | <input type="checkbox"/> Bluetooth Audio |
| <input type="checkbox"/> Discussion Panel - Podium with Microphone, & 5 Table top Wireless Mics | <input type="checkbox"/> Projector w/ computer sound connection | <input type="checkbox"/> Bluetooth Audio |
| <input type="checkbox"/> Video Screen Mapping - Stage Work | <input type="checkbox"/> Follow Spot (Requires tech @ hourly rate) | |
| <input type="checkbox"/> Full Stage Lighting - Stage Work, Spot Light, Down Work, LED, & Cyc Work | | |
| <input type="checkbox"/> Laptop/VGA Adaptors: <input type="checkbox"/> MAC <input type="checkbox"/> HDMI <input type="checkbox"/> Surface | | |

Reservation Agreement

JH I understand initialing this agreement gives me the responsibility to pass this information to either the main contact or the event contact of this event.

Name _____

JH I understand that failure to come and sign my Reservation Confirmation after 2 business days from notification, will result in an **automatic cancellation**.

JH I understand **ALL** events must be finalized **NO** later than 2 business days prior to the event date.

JH I understand if no update on reservation request is received 3 business days after submitting Request Form, it is the sponsor/department/club/organization's responsibility to follow up with our office.

JH I understand I, or my event contact, will need to present an ID in order to check-in the day of the event, and **ONLY** I or my event contact can sign and/or make changes to the reservation.

JH I understand my reservation must be canceled **2 business days** prior to the event date, or it will be considered a No-Show.

JH I understand that submitting requests less than **30 business days** in advance does not guarantee my paperwork will be processed in time.

Prepared by: _____



New Request

OFFICE USE ONLY

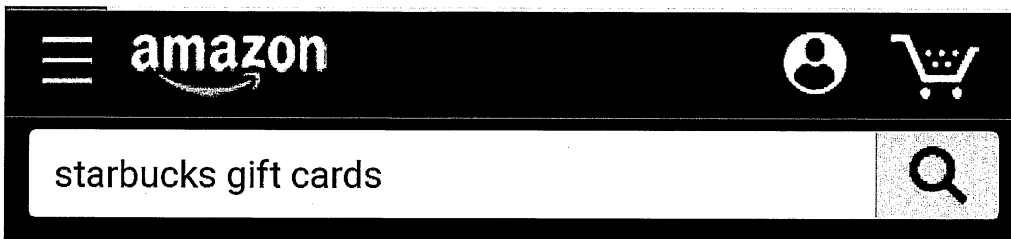


Revised/Updated Request



Res# _____

Updated 4/16/2018



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