

Texas Woman's University
Denton Campus Facility Reservation Request Form
Office of Conference Services | P.O. Box 425797 | Denton, TX 76204
940-898-3644 | ConferenceServices@twu.edu

EVENT INFORMATION

Primary Contact Name: _____ Department/Org: _____
Email: _____ Phone: _____
Alt. Contact Name: _____ Alt. Phone: _____
Alt. Email: _____ Event Purpose: _____
Name of event: _____ Estimated attendance: _____
Will food be served or consumed? Yes No Caterer: _____

Event Date(s) Day & Month/Day/Year	Building(s) & Room #(s) Requested	Set up time / Time in room (if different than event time)	Actual event start & end time

If more than 3 dates are required attach a list of all event dates, times & rooms to this form.

SPECIAL EVENTS + – If “yes” is answered for any questions below, a Special Event Form is required to book the event.

- + Is estimated attendance 100 or more? Yes No + Is money being exchanged at the event? Yes No
+ Is amplified sound being used? (outdoor events only) Yes No + Will alcohol be served? Yes No

ADDITIONAL SERVICES & TECHNOLOGY (optional)

Requests must be received at least 2 weeks prior to the event. Delivery fee will apply to items delivered outside of Hubbard Hall.

- | | | |
|---|--|--|
| <input type="checkbox"/> Greenery
_____ Ferns (no stands)- \$5 ea
_____ Ferns (w/stands) - \$8 ea
<input type="checkbox"/> Risers/stage (min. 2) - \$25 ea # _____
<input type="checkbox"/> Easel - \$10 ea # _____ | <input type="checkbox"/> 6’ Rectangular Table - \$5 ea # _____
<input type="checkbox"/> Black Skirting for 6’ Table - \$10 ea # _____
<input type="checkbox"/> Chairs - \$1 ea # _____
<input type="checkbox"/> 60” Round Table (Hubbard Hall Only)
- \$8 ea # _____ | <input type="checkbox"/> Podium - \$50
<input type="checkbox"/> Portable Sound System - \$50
<input type="checkbox"/> Trash Can - \$5 ea # _____
<input type="checkbox"/> Red Carpet (Hubbard Hall only) - \$100
<input type="checkbox"/> Hanging Event Banner at Hubbard - \$25 |
|---|--|--|
- Technology (select any that apply) – Fees may apply depending on facility used. For full list of costs view the Additional Services Form ❖
_____ Microphones & Podium _____ Screen/Projector _____ Colored Uplighting _____ On-Site Technology Assistance
_____ Special Requests (provide description): _____

Campus Departmental Account # for all charges (REQUIRED for TWU Departments): _____

I have read and understand the Operating Policies for Reservations❖, which are incorporated by reference herein, and agree to abide by their provisions. This event is not confirmed until I receive notification from Conference Services. I understand that I will be provided a full summary of applicable event charges, and agree to pay according to the deadline given by Conference Services.

Primary Contact Signature / Date

Student Org Advisor Signature / Date
REQUIRED for Student Organizations

CSD/Student Life Signature / Date
REQUIRED for Student Organizations

❖ *Operating Policies, Additional Services Forms and +Special Event Form can be found on the Conference Services Forms webpage.*

OFFICE USE ONLY: ARA _____ BK _____ CAL _____ CONF _____
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