

GALANTI LOUNGE RESERVATION REQUEST FORM

Name: _____ Faculty ___ Staff ___ Student Organization _____

Department: _____ Telephone: _____ Email: _____

Day/Date of Event: _____ Time: _____
Start End

Event Name _____

Approximate Number attending: _____ -

Is Food being served: Yes _____ No _____
If Yes: URI Dining Services _____ Non-University Catering _____ (See Policy)

*Set-up: Normal set-up is 75 chairs facing front in theatre style. Left wing – Tables and chairs.
Right wing -- Tables for food, near kitchen.*

USE OF AUDIO VISUAL EQUIPMENT

Is audio visual equipment needed: Yes _____ No _____

Is a microphone needed: Yes _____ No _____

Access to and assistance for training in the use of any audio visual equipment required must be requested through one of three contacts:

Classroom Media Assistance	4-4278
Media Services (ITMS)	4-2148
Jane Suvajian	4-4783

The key that provides access to AV equipment is given out by the Library Administrative Office, or when closed by Circulation.

No technician is provided to assist with the use of AV equipment.

Problems encountered in use of equipment requires contacting Media Services.

I have read the attached Galanti-Lounge Policy –Use statement and will abide by its rules.

Signature of Person Responsible for the event.

(Date)

Please complete and return this form to the Library Administration Office.

Thank you. Telephone – 874-2666.....fax – 874-4608.