

## 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 the following contacts:**

**Classroom Media Assistance 4-4278**

**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 Classroom Media Assistance, located in Library LL-4 Lab.*

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

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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.*