



FACILITY RENTAL RESERVATION FORM Administration & Conference Center (ACC)

Space(s) Requested:

ACC 1st Floor Conference Room

ACC 2nd Floor Conference Room

The reservations and arrangements for the use of the University of the Virgin Islands facilities must be made through the Office of Business and Fiscal Affairs. No reservation is confirmed until this form is completed (with payment) and the approval is given. Any questions should be directed to the Office of Business and Fiscal Affairs, 340.693.1259 or 340.693.1140. In the event of an emergency please contact the Security Department at 693-1530.

PLEASE READ THE REQUIREMENTS FOR USE OF CONFERENCE ROOMS.

THIS FORM MUST BE FILLED OUT AND SIGNED BEFORE ROOM RESERVATIONS ARE CONFIRMED.

Name of Event: _____

Description of Event: _____

What type of Musical Entertainment? _____

Sponsoring Organization(s)/Unit: _____

Contact Person(s): _____

Contact Number(s): _____

Email Address: _____

Space Requested: _____

Type of Setup _____

Day & Date of Event: _____ Anticipated Attendance: _____

Actual Event Time: From/To a.m. /p.m. _____

Equipment Needed: Mic _____ Podium _____ Projector_Screen _____

Will food and Drinks be served? ___ If yes, Breakfast _____ Lunch _____ Dinner _____

Organization Responsible for Payment: _____



University of the Virgin Islands

FOLLOWING ARE SOME MANDATORY REQUIREMENTS FOR USING THE ACC BUILDING
(Please initial each line to accept requirements of use)

- _____ You will be personally responsible for the space used in the ACC Building.
- _____ Participants are **NOT ALLOWED TO WANDER** on other floors. A member of your team must monitor attendees movements, especially when a member of the Business Services staff is not present.
(This includes Weekdays, After hours, and Weekend Events)
- _____ **All garbage and food** must be disposed of once the activity has ended – please double check the areas before leaving. **No food should be left in the rooms whatsoever (This includes Weekdays, After hours, and Weekend Events).**
- _____ You or your designee **must** be on hand until Security arrives to secure the building. In the event of an accident, Security must be notified. Security can be contacted at 693-1530. We would notify security of the activity and they would be available in the event of any emergency. *(After hours and weekend events)*
- _____ **SETUP:** You are responsible for your individual setup. If setup is required there is a setup fee of \$125.00. An Interdepartmental Service Requisition should be submitted and credited to account number 100000-7110. (Setup will not be actioned until signed requisition is received).
- _____ As a University component or organization using the room at gratis you are responsible for cleaning up after your event. If you neglect to do so you will be charged a cleaning fee.
- _____ **REFRESHMENTS** are not allowed in any room having carpet on the floor. In the case of the ACC building, catered food will be set-up in the vending machine room unless permission is granted to set-up in the conference room *(Cleaning fee will be assessed if the room is left untidy).*
- _____ **FURNITURE:** may **NOT** be moved into or out of any room, balcony, or other area. If additional furniture is needed for your activity, please advise the Reservation Office ahead of time. If you would like to rearrange the furniture in a room, you may do so, however the furniture must be returned to its original arrangement after your event.
- _____ **SIGNS, POSTERS, or MATERIALS** of any kind may not be attached to the walls, windows, or outdoor wooden columns. The University's windows are treated with solar film which would be destroyed by tape applied to it. The use of candles, lighter fluids, matches or incendiary devices may not be used in University facilities.

Failure to adhere to the requirements for use of the ACC conference rooms will result in your component/ organization being barred from further use. Organizations are asked to obtain written approval before advertising events at the facility.

ACCEPTANCE - All terms and conditions as described in this Agreement are herewith accepted.

NAME OF PERSON COMPLETING FORM (PRINTED)

DEPARTMENT

SIGNATURE OF PERSON COMPLETING FORM*

DATE

NAME AND SIGNATURE OF DEPARTMENT HEAD

DATE

Official University Use Only:

Facility Use:

APPROVED

NOT APPROVED

Approved By: _____

Date: _____