Event Space Request

Please return the completed form by email to cecertmarketing@engr.ucr.edu. Contact Alta Vasquez at avasquez@cert.ucr.edu if you have any questions about completing this form.

Date(s) and Times(s) of your event: ________________________________

Name of Organization: ____________________________________________

Type of Organization:

<table>
<thead>
<tr>
<th>Education</th>
<th>Government</th>
<th>Commercial/Other (please describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-12</td>
<td>International – list country:</td>
<td></td>
</tr>
<tr>
<td>Postsecondary</td>
<td>National</td>
<td></td>
</tr>
<tr>
<td>Vocational</td>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Other (please describe):</td>
<td>Local</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (please describe):</td>
<td></td>
</tr>
</tbody>
</table>

Event Name: ____________________________________________ Attendees Expected (#) _______

Brief Event Description and Purpose: *** NOTE: Please provide the event agenda, if available ***

Specific room/space requested (N/A if you are not sure): ____________________________________________

How will this event be marketed/advertised? ____________________________________________

Table Configuration (Room 105 only)

<table>
<thead>
<tr>
<th>Classroom (max 35)</th>
<th>Conference (max 35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>U-shape (max 35)</td>
<td>Hollow Square (max 35)</td>
</tr>
<tr>
<td>Chairs only - no tables (max 60)</td>
<td></td>
</tr>
</tbody>
</table>

Technology Needs

- Wireless Internet Access
- Projector and Screen
- Power strips for mobile devices
- Other (please describe):

Other Needs (please describe):

Will this event be open to the public?  Yes  No

Do you plan to provide food and drinks?  Yes  No  If yes, please provide your meal/catering Information:

______________________________
Event Contact:

Contact Name and Title: ____________________________  Contact Email: ____________________________  Contact Phone: ____________________________

Will this contact be present at the event?  Yes  No

If no, please designate an on-site contact that will be present at the event (REQUIRED):

Contact Name and Title: ____________________________  Contact Email: ____________________________  Contact Phone: ____________________________

How did you learn about this event space? ____________________________

Is your event in partnership or affiliation with a CE-CERT PI, staff member, or student?  Yes  No

If yes, provide the affiliate NAME and TITLE: ____________________________

Conditions of Event Space Use:

- Event spaces are to be left as they were found in terms of cleanliness. Please deposit all trash in receptacles, clean any spills, and pick up large debris. Any signage used for event must also be removed.
- Event spaces are to be returned to their proper configuration at the end of the event. If you move furniture or connect your external electronics to our projector, be sure to restore everything upon leaving (large-scale room and equipment changes conducted by the Facilities and Systems departments are excepted).
- CE-CERT does not maintain a general wireless account; we require a temporary user name and password for each guest. Please coordinate with your CE-CERT event liaison to ensure that any requests for wireless accounts are completed PRIOR to the event; we cannot guarantee that user accounts can be created at the time of the event.
- CE-CERT does not provide on-site technical support for guest laptops, mobile devices, etc. during the event. If your event requires wireless internet access or other technology, please work with CE-CERT staff to configure and test your technology accordingly prior to the actual event.
- CE-CERT does not provide coffee, water bottles, serving utensils, or catering services without prior arrangement.
- CE-CERT building hours are from 8:00am to 5:00pm Monday through Friday. If you require access to the facility outside of these hours for your event, be sure to coordinate with your CE-CERT event liaison.
- CE-CERT is not responsible for items left unattended in event spaces during the event or at any other time. If you would like to request that your event space be locked during breaks (if possible), please coordinate with your CE-CERT event liaison.

Event Requestor Signature: ____________________________ Date: ____________________________

Deputy Director Signature: ____________________________ Date: ____________________________

Director Signature: ____________________________ Date: ____________________________

CE-CERT Event Liaison Signature: ____________________________ Date: ____________________________

For Office Use Only

CE-CERT Event Liaison(s): ____________________________

Notes: ____________________________