

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:





<p>Education</p> <p><input type="checkbox"/> K-12</p> <p><input type="checkbox"/> Postsecondary</p> <p><input type="checkbox"/> Vocational</p> <p><input type="checkbox"/> Other (please describe):</p>	<p>Government</p> <p><input type="checkbox"/> International – list country:</p> <p><input type="checkbox"/> National</p> <p><input type="checkbox"/> State</p> <p><input type="checkbox"/> Local</p> <p><input type="checkbox"/> Other (please describe):</p>	<p>Commercial/Other (please describe)</p>
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Event Name: _____ **Attendees Expected (#)** _____

<p>Brief Event Description and Purpose: *** NOTE: Please provide the event agenda, if available ***</p>
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Specific room/space requested (N/A if you are not sure): _____

How will this event be marketed/advertised? _____

<p>Table Configuration (Room 105 only)</p> <p><input type="checkbox"/> Classroom (max 35) </p> <p><input type="checkbox"/> Conference (max 35) </p> <p><input type="checkbox"/> U-shape (max 35) </p> <p><input type="checkbox"/> Hollow Square (max 35) </p> <p><input type="checkbox"/> Chairs only - no tables (max 60)</p>	<p>Technology Needs</p> <p><input type="checkbox"/> Wireless Internet Access</p> <p><input type="checkbox"/> Projector and Screen</p> <p><input type="checkbox"/> Power strips for mobile devices</p> <p><input type="checkbox"/> Other (please describe):</p>	<p>Other Needs (please describe):</p>
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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:**

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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:	_____