

REQUEST FOR USE OF UNIVERSITY PROPERTIES

UCI Scheduling & Conference Services

University of California, Irvine

G318 Student Center

Irvine, CA 92697-2050

reserver@uci.edu

www.confserv.uci.edu

Thank you for your interest in holding your upcoming event at the University of California, Irvine. Please fill out and return this request to UCI Scheduling & Conference Services. We will respond to your request as quickly as possible. Completion of this application shall not confirm acceptance of your event by the University.

Phone number: 949-824-5252

Fax number: 949-824-3055

Organization: _____

Representative: _____

Address: _____

Phone number: _____ E-Mail Address: _____

Is your organization Profit? or Non Profit? (Please circle one)

If Non-Profit, please provide the following for verification purposes:

- Copy of Organization's W9 form
- Copy of IRS Determination Letter
- Proof of 501(c)(3) status (IRS form)

What type of event are you planning? Please check all that apply.

____ Conference ____ Banquet ____ Film ____ Lecture ____ Downlink ____ Wedding

____ Outdoor Event ____ Other (please describe): _____

Title of proposed event: _____

Intent/Purpose of Program: _____

Type of Expected Audience: _____ Expected Attendance: _____

Proposed Date(s) of Event: _____ Times: _____

Will you be charging any type of admission or registration fee? Yes No If yes, how much? _____

Is this a fund raising event? Yes No If yes, funds will be applied to: _____

Notes:

- Parking permits are required seven days a week. The fee is \$7.00 per vehicle
- It is the policy of the University of California for any organization who uses its facilities to name UC REGENTS as additional insured on their existing insurance policy for ONE MILLION DOLLARS for the date(s) of their event. UC Regents must also be named a certificate holder. If you have any questions regarding this policy, please do not hesitate to call our office.
- If applicable, by signing below, the Applicant, on behalf of the Organization, verifies that he or she has received and read, and the Organization will comply with, the attached UC Irvine Noncommercial Fund Raising by Off-Campus Organizations.

Signature of Applicant

Date

UCI Scheduling & Conference Services Use Only:

Not Approved/Approved (Fee Schedule _____) Staff Person: _____ Date: _____

Reason for Denial: _____

Location Scheduled: _____ Rev. 7/07