

APPLICATION FOR USE OF THE REGIONAL CENTER AT COMtech.

The University of North Carolina at Pembroke

Organization: _____ Fax: _____

Applicant's Name: _____ Telephone: _____

Local Address: _____ E-mail: _____

Date(s) of Event: _____ Will admission/registration be charged? __ Yes __ No

Time Requested: _____ Actual Time of Event: _____ to _____
(Must be finished with the room by the time indicated; Must adjourn by 11:00 pm)

LOCATION REQUESTED:

_____ Board Room _____ Computer Lab _____ Resource Room
_____ Conference Room _____ Auditorium A _____ Auditorium B
_____ Auditorium

Purpose of Use/Type of Program: _____ Est. Attendance: _____

MATERIALS/EQUIPMENT REQUESTED (please specify number):

Table _____ Easel _____ Smart Board _____ Sound System _____
Chair _____ Computer _____ Podium _____ Speakers _____
Overhead _____ LCD Projector _____ Microphone _____ DVD/VCR _____
Screen _____ TV/VCR _____ Wireless Mic _____ CD Player _____
OTHER _____ SET-UP _____

GUIDELINES: *Late requests will not be honored.* Reservations are tentative and subject to cancellation until approved. A request may be denied if it conflicts with other activities. Facility usage during scheduled closings will not be approved. Organizations cannot reserve rooms for more than two consecutive weeks. Applicants are responsible for the proper use of the facility/equipment, damages, conduct of the organization's members/guests, and agree to respect the rights of groups in adjoining areas. ***IF ROOMS ARE REARRANGED BY YOUR ORGANIZATION, YOU MUST RESET TO ORIGINAL SETUP WHEN FINISHED, OR A RESET FEE WILL BE CHARGED TO YOUR ORGANIZATION.*** The Regional Center is a smoke-free facility. Candles and open-flame devices (including incense) are prohibited by fire code. In case of cancellation, please notify the Regional Center Director within 48 hours.

****APPLICATION DUE FOUR DAYS PRIOR TO THE EVENT FOR ON-CAMPUS GROUPS****

****APPLICATION DUE SEVEN DAYS PRIOR TO THE EVENT FOR OFF-CAMPUS GROUPS****

REFRESHMENTS: Food/drink is not allowed in auditorium/board room area; may be served in the corridor area. ***All refreshments must be provided by Sodexo, but can be coordinated by RC staff.***

I have read and fully understand the above guidelines. I am also aware that failure to comply with these guidelines may result in the loss of privilege to use the Regional Center for 30 days.

Signed _____ Date _____
Applicant

Approved _____ Date _____
Regional Center Director

