

## Harper Alumni Center Event Rental Request

Event Date(s):	Contact Name:
Event Name:	Contact Phone:
Alternate Date(s):	Email:
Contract shall be between the Alumni Cer	nter and (Company/Organization/University Department):
Mailing Address:	
Access Starts (time needed for set-up, one ho	our minimum): Access Ends:
Event Start-time:	Event End-time:
Total hours including access times	Number of Attendees:
Room Rental and Reservation:  ☐ Full Capital Room Half-day (up	AV & Equipment Rental:
☐ ½ Capital Room	to 4 hours)   Built- In Screen(s) and Projector(s)  As available for space reserved
□ ¼ Capital Room Full-day (up	
□ Patio Add'l. Hours	o 2 hand-held & 2 Lavaliere available (past 8 hrs) ☐ Portable A/V Package
□ Board Room	<ul><li>Screen, LCD Projector, one mic &amp; podium</li><li>☐ Built-In A/V Package</li></ul>
_ 2001 ti 1100111	O Screens (2) and Projectors (2), one mic &
Room Set-up:	podium  ☐ Basic A/V (Podium and one mic)
☐ Banquet Style* (300 Guests Max)	Dasic A/V (Foundin and one fine)
Guests seated at Round tables.  ☐ Theatre Style	<b>ALCOHOL &amp; INSURANCE</b>
Chairs only (up to 365 chairs)	☐ Private Event ☐ Open to Public
☐ Conference Style	☐ Alcohol complimentary
<ul><li>U shape</li><li>Hollow square/rectangle</li></ul>	☐ For sale, client provides license (ABC License Required)
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Additional Event Information/Other:	<u>CATERING</u>
	L L Preferred Caterer:
PARKING	□Linens provided by
□Guest will pay for own parking □Client will pay for parking	
PAYMENT METHOD: ☐ Sac. State Un	
☐ Credit Card ☐ Sac. State Pro☐ Check ☐ Sac. State Un	o-Card niversity Use Funds