

RESERVATION REQUEST APPLICATION FORM – EXTERNAL CLIENT

This document is not a reservation neither a room rental contract. It collects only information to better serve you.

PLEASE RETURN THIS FORM TO: entraux@umoncton.ca or fax: 506-863-2015

DATE: _____

APPLICANT:

Name :	Group Name :
Telephone :	Email :
Cellular :	Person in charge, on premises :

ACTIVITY: Conference Meeting Other: _____

Number and description of participants: _____

Detailed description of the activity¹: _____

Will the Medias be present at the event? Yes No

Do you plan to make some request with the university community (solicitation)? Yes No

Do you plan to ask for an admission fee during your activity? Yes No

Will alcohol beverages be served at your activity? Yes No

Do you plan to sell material, equipment or services during your activity? Yes No

If yes, please describe: _____

INFORMATION COLLECTED FOR THE ROOM RENTAL CONTRACT:

Contract's Signatory: _____ Title: _____

Invoice information:

Last Name: _____ First Name: _____ Email: _____

Group name: _____

Complete address: _____ Postal Code: _____

Telephone: () Ext. Fax: ()

ROOM RENTAL DATES AND HOURS

Date (YYYY-MM-DD)	Hours (ex. 08:00 to 18:30)	Date (YYYY-MM-DD)	Hours (ex. 08:00 to 18:30)

Other information:

ROOM RENTAL INFORMATION

Number of rooms to reserve: _____

Room style

- Classroom: Will it be with Fixed desks and chairs OR Movable desks and chairs
- Theater Room (no desk)
- Banquet Room
- Meeting Room or Conference Room
- Videoconferencing/Conference call Room
- Computer Lab. Will you need to install software in the computers?? Yes No

INFORMATION TECHNOLOGY NEEDS²

- WIFI/Internet access Computer/projector/screen Sound system
- Podium and microphone Other equipment: _____

LIABILITY INSURANCE CERTIFICATE

- We will provide our own liability insurance certificate
- Being a government or municipality department, we are auto-insured.

OPTIONNAL SERVICES³

- Catering service
- Parking permits. How many? _____
- Long distance calls
- Printing, Photocopying and Fax services
- Other, please describe: _____

NB. This form will be submitted for approbation before a room could be assigned and reserved.

IMPORTANT:

Note: In case of cancellation or modification, please send an email to: entraux@umoncton.ca or by telephone: (506) 858-4015.

- 1. Activities which consist of selling of material, equipment or services (including entrance fees) for profit-seeking must be approved by higher administration and/or services.**
- 2. Expenses can apply for certain equipment. Furthermore, the DGT (IT Department) requires 5 working days to be able to execute the wanted services. If this term is not respected, additional expenses could be imputed.**
- 3. Additional expenses apply for the optional services.**