



REQUESTOR and ON-SITE CONTACT INFORMATION		
Requested by:	Date of Request:	
Affiliation: <input type="checkbox"/> UHWO Student <input type="checkbox"/> UHWO Affiliated <input type="checkbox"/> UHWO Faculty/Staff <input type="checkbox"/> General Public	Department (If applicable):	
Requestor's Phone Number & Extension	On-Site Contact:	
Requestor's Email Address	On-Site Contact's Mobile Phone Number:	
EVENT INFORMATION		
Event Name:	Event Day/Date:	
Event Type:	Preferred Location:	
Event Start Time: * <small>*Not including set up.</small>	End Start Time: * <small>*Not including breakdown.</small>	# of Guests:
FOOD and BEVERAGE REQUIREMENTS		
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch Dinner <input type="checkbox"/> None	<input type="checkbox"/> Own Food* <input type="checkbox"/> Outside Vendor* <small>*MUST ABIDE BY FOOD & BEVERAGE POLICIES</small>	Audience: <input type="checkbox"/> UHWO Students/Faculty/Staff <input type="checkbox"/> Non-UHWO Students/Faculty/Staff
		Admission charged or Donation solicited: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Needs/Requirements		
SET-UP REQUIREMENT		
<input type="checkbox"/> Theater Seating # of Seats: ____	<input type="checkbox"/> 6 ft Rectangular Tables # of Tables: ____	<input type="checkbox"/> Podium
<input type="checkbox"/> U-Shaped Seating # of Seats: ____	<input type="checkbox"/> Round Tables with 8 seats # of Tables: ____ <input type="checkbox"/> Round Tables with 10 seats # of Tables: ____	<input type="checkbox"/> Existing Setup <input type="checkbox"/> Other
AUDIOVISUAL REQUIREMENTS	IT REQUIREMENTS	
<input type="checkbox"/> Podium Microphone <input type="checkbox"/> Wireless Lavalier/Lapel Mic <input type="checkbox"/> Wireless Handheld Mic <input type="checkbox"/> LCD Projector <input type="checkbox"/> Screen <input type="checkbox"/> Labor: AV Technical Hours: _____ <input type="checkbox"/> Other: _____	(Requestor must submit a service request) <input type="checkbox"/> Guest Wifi Access <input type="checkbox"/> Labor IT Technician <input type="checkbox"/> Other: _____	
PAYMENT METHOD		
<input type="checkbox"/> Cash/Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Purchase Order
<input type="checkbox"/> IDO		
Proposed Budget:		

PLEASE RETURN COMPLETED FORM TO uhwofse@hawaii.edu

If you have any questions, please call (808) 689-2528 or ext. 2528 from a UHWO campus phone