



University System of Georgia

# Atlanta Metropolitan College

## Request for Campus Event

*This event request form should be completed and returned to the Vice President of the unit making the request, no later than ten (10) working days prior to the date of the event. (Please type or print)*

**Please select the room(s)/area requested:**

Conference Room A  Conference Room B  Academic Bldg. 210  Gymnasium  Outside Patio

Small Classroom  Medium Classroom  Large Classroom  Other \_\_\_\_\_

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Unit Name: \_\_\_\_\_ Title of the Event \_\_\_\_\_

Description of the Event \_\_\_\_\_  
\_\_\_\_\_

Date of Event: \_\_\_\_\_ "Actual" Start Time: \_\_\_\_\_ "Actual" End Time \_\_\_\_\_

College Catering? Yes  No  Number of People Attending: \_\_\_\_\_  
(Groups may NOT bring in their own food unless written approval is obtained from AMC College Cafeteria)

**Equipment/Service Requested: (Please see the Audio/Visual form, below, for additional options)**

Round Tables #: \_\_\_\_\_ Eight Ft. Tables#: \_\_\_\_\_ Chairs#: \_\_\_\_\_ Tables for Food#: \_\_\_\_\_

Tables for Handouts/Registration# \_\_\_\_\_ Podium W/Microphone: \_\_\_\_\_ Screen: \_\_\_\_\_

LCD Projector: \_\_\_\_\_ Microphone#: \_\_\_\_\_ Lapel Microphones#: \_\_\_\_\_ Stage: \_\_\_\_\_

Other Requests: \_\_\_\_\_

Tables/Chairs setup arrangement: U-Shaped  Round Tables  Theater Style  Classroom/Testing

I do hereby acknowledge that I have read the Atlanta Metropolitan College facilities rental terms and conditions.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Person Requesting the Event/Facilities

Signature: \_\_\_\_\_ Request Approval: Yes  No  Date \_\_\_\_\_

Unit Vice President

Signature: \_\_\_\_\_ Request Approval: Yes  No  Date \_\_\_\_\_

Plant Operations Director (signature necessary if on-campus facilities are requested)

Signature: \_\_\_\_\_ Request Approval: Yes  No  Date \_\_\_\_\_

Public Safety Chief (signature necessary for large or high profile events)

Audio Visual Center

**FORM MUST BE TYPED**

Faculty/Staff     Student    AMCUID \_\_\_\_\_

Instructor's  
Name \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Where?

Time from \_\_\_\_\_ Time to \_\_\_\_\_ Order date \_\_\_\_\_ Date/needed \_\_\_\_\_

- Camcorder
  - Digital Camera
  - TV/VCR
  - VCR
  - Cassette Player
  - CD Player
  - Wired Microphone
  - Wireless Microphone
  - Lapel Microphone
  - Smart Classrooms Training
  - LCD Projector
  - Document Camera
  - Project Screen
  - DVD
  - TV/DVD
  - Wireless Presenter
  - Podium w/mic
  - CD/DVD Duplication (non-copyrighted materials)
  - VHS to DVD (non-copyrighted materials)
- Date training requested \_\_\_\_\_

Misc/  
Suggestions/  
Comments

Believe • Begin • Become

Lesson customization using Smart Classroom: Contact Ronald Jones at 404-756-4010 or e-mail: av@atlm.edu

**24 hour notice is required**

\_\_\_\_\_  
Signed By

I assume full responsibility for the safeguard, care and return of the above equipment/material.

Revised 2/01/2012