AON Center

THE AUDITORIUM RESERVATION REQUEST FORM

Contact Information		
Today's Date:		
Tenant Name:		
Contact Name:		
Direct Phone #:		
Email Address:		
Event Information		
Date of Event:		
Start Time:		
End Time:		
Set-Up Requirements		
Audio/Video Conf.:		
Tables Needed:		
# of Tables:		
Catered? If so, by who?		
Additional Details:		
Authorized Signature:		
Print Name:		
		_
Signature:		Date:
<u> </u>		
• 48 hour advance notice is needed for all reservations.		
• The Auditorium is not reserved until a signed copy of this form is delivered to the Office of the Building. By signing this form you acknowledge that you have read and understand all charges associated with renting the Auditorium. (See Attached).		
• 24 hour written cancellation is required. All charges will apply without 24 hour cancellation.		

_ By initialing this line, I hear by acknowledge that canceling my reservation in the Auditorium within 5 business days

of my meeting, will result in a \$50 fee. If I cancel within 24 hours, all charges will apply.