



REQUESTOR and ON-SITE CONTACT INFORMATION			
Request by:		Date of Request:	
Affiliation: UHWO Student UHWO Affiliated UHWO Faculty/Staff 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* <i>*Not including set up</i>	Event End Time* <i>*Not including breakdown</i>	# of Guests:	
FOOD and BEVERAGE REQUIREMENTS		Audience:	
Breakfast	Own Food*	UHWO Students/Faculty/Staff	Admission charged or Donation solicited: Yes
Lunch	Outside Vendor*	Non-UHWO Students/Faculty/Staff	No
Dinner	<i>*MUST ABIDE BY FOOD & BEVERAGE POLICIES</i>		
None			
Special Needs/Requirements			
SET-UP REQUIREMENT			
Theater Seating	# of Seats: _____	6 ft Rectangular Tables	# of Tables: _____
U-Shaped Seating	# of Seats: _____	Round Tables with 8 seats	# of Tables: _____
		Round Tables with 10 seats	# of Tables: _____
			Podium
			Existing Setup
			Other
AUDIOVISUAL REQUIREMENTS		IT REQUIREMENTS	
Podium Microphone	Wireless Lavalier/Lapel Mic	(Requestor must submit a service request)	
Wireless Handheld Mic	Screen	Guest Wifi Access	
LCD Projector		Labor IT Technician	
Labor: AV Technical	Hours: _____	Other: _____	
Other: _____			
PAYMENT METHOD			
Cash/Check	Credit Card	Purchase Order	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