



# Reservation Form

**Arlington Events Management Office**

George Mason University  
3401 N. Fairfax Drive, MSN 5A7, Arlington, VA 22201

Phone: 703-993-8140

Fax: 703-993-8558

Please allow **48 business hours for reservations to be processed.** A reservation will only be processed if all forms are received by Arlington Events. A confirmation number for your event will be sent via email. Should there be a schedule conflict, someone will call you as soon as possible. Reservations are on a first come / first served basis. Please contact our office if you have any questions or concerns.

Event Date(s): \_\_\_\_\_

Setup Time: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Event Title: \_\_\_\_\_

Building Preference: **Arlington Original** or **Hazel Hall** or **Truland**

Estimated Attendance: \_\_\_\_\_

Department/Company Status: **GMU** **Non-GMU**

\*Please specify only one option

Academic Department or Company Name

Billing Contact Name

Address and/or Mail Stop Number

City, State and Zip

Organization Number (REQUIRED if GMU)

Telephone and or Cell Phone Number

Fax Number

Email Address

On Site Contact (If different than Requestor):

Contact Name & Cell Phone Number

I have provided the information appearing on this reservation form and agree to and have the authority to commit the organization represented for the charges related to the support and AV services requested, as well as for assessments for any damages to the reserved facilities during the occupancy. I have read the Scheduling instructions and Regulations for Facilities Use and agree to comply with them as conditions for use.

Signature & Date

Printed Name

Will admission/registration fee be collected? YES NO

Will this event be catered? YES NO

\*If YES, caterer must be licensed and insured for liability issues.

\*\*Housekeeping fees apply to all catered events.

Will Alcohol be served at this event? YES NO

\*If YES, GMU Police must be present at the event, and there is a charge.

**Set-Up Room Arrangements:** (For rooms that do not have fixed seating)

Please Circle One or Attach a Custom Setup Diagram:

Classroom Theater Banquet Rounds

Hollow Square No Set-Up Needed

**Basic Audio Visual Equipment:**

In Room Technician (Requires 2 weeks notice) YES NO

Laptop (Available only with in-room tech) YES NO

LCD Projector YES NO

Overhead Projector/DOC Camera YES NO

Microphones (where applicable) YES NO

Internet YES NO

TV/VCR/DVD YES NO

Slide Projector YES NO

Remote Clicker YES NO

Cassette Recorder YES NO

Polycom/Speakerphone YES NO

PC Cart/Workstation YES NO

**Telecom Services:**

Wireless Service YES NO

Phone Connection (Local) YES NO

For Conference Calling Jack#

**Other Services:**

Flipchart(s) YES NO How Many: \_\_\_\_\_

Easel(s) YES NO How Many: \_\_\_\_\_

**Please Note:** The procedures and lead time necessary for obtaining these services and their availability differ from department to department.

### For Office Use Only

#### Rooms Assigned:

Date Received: Scheduled By: Date Confirmation Sent: Banner Res# Event ID#

Please Circle One: Internal Charge Internal No Charge Sponsored (Form Required) External