

ROTUNDA REQUEST FORM

Event Name: _____ Event Date: _____
Event Start Time: _____ Event End Time: _____
Purpose of Event: _____ Requester Name: _____
Sponsoring Dept: _____ Host: _____
FOAPAL Coding: _____ Requester Phone #: _____

Room Set Up Options

- Standard Tables and Chairs** – 24 Tables with seating for up to 192 with Podium in center of the room
- Lecture Chairs in Rows** – Lecture style with seating for up to 375 with Podium split on both sides of the room

Attendees

UConn Health Attendees _____ Outside Attendees _____ Total Attendees _____

Additional Services *

Is this event catered by Sodexo _____ Waste containers needed (quantity) _____
Food tables needed (quantity) _____ Are you serving alcoholic beverages _____
IT/AV Podium pre-event overview _____ IT/AV Podium support during the event _____
Other - please explain _____

Podium includes - PC, Projector, Audio and Microphone

FOR PARKING, TRANSPORTATION AND EVENT SERVICES USE ONLY

Rotunda confirmed for event on _____ - from _____ to _____
Date Event start time Event end time

Room Use Fee _____ Date Rotunda approved _____

* Fees for additional services provided by applicable department _____
Signature _____

Parking, Transportation & Event Services
263 Farmington Avenue, MC 8230, Farmington, CT 06030-8230
Phone: 860-679-4248; Fax: 860-679-0194
Email: roomscheduling@uchc.edu Website: <http://www.health.uconn.edu/park>
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