

Application for Use of University of Nevada, Reno Facilities

Redfield Campus
 Nell J. Redfield Building A
 18600 Wedge Parkway, Reno, NV 89511
 Phone: (775) 682-6400
 FAX: (775) 784-4801
 Email: rcrooms@unr.edu

This Agreement is entered into between the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno and the Sponsoring Organization.

Instructions: This form must be completed and signed by the applicant. Please return this form to Scheduling Services at least ten (10) business days prior to the start of your event. **Reservation will not be confirmed until application is completed and returned with deposit, if applicable.** If approved, it will be signed for the university and a copy returned to the applicant.

EVENT INFORMATION:

1. Name of event: _____
2. Name of sponsoring organization: _____
3. Date and time of event: _____

Day/Date:	Mon:	Tues:	Wed:	Thur:	Fri:	Sat:	Sun:
Start Time:							
End Time:							

Estimated attendance: _____ Catering Table Set-up: Yes No

Room Setup: ~~Round~~ Rounds U Shape Classroom Computer*

*If requesting Computer, please give a brief description of what the room will be used for.

Printing (Computer Classrooms Only): Yes No

Does the instructor need special software installed on the computer? Yes* No Student computers? Yes* No

*An additional hourly fee applies with a minimum of one hour billed.

Has the Instructor had training on smart classroom equipment? Yes No*

*If you'd like training, an additional hourly fee applies with a minimum of one hour billed.

If yes to the first two questions above, please email xshelp@lists.unr.edu at least 14 business days prior to the start date.

UNIVERSITY OF NEVADA, RENO

Number of Paper / How Many _____

Instructor Supply Box (\$15.00)

1. Will event be publicized? Yes No

If yes, describe method: _____

NOTE: Publicity regarding event to be held at the University of Nevada, Reno MUST BE APPROVED IN ADVANCE. Please send one copy of flyer, announcement, brochure, etc. for this event to Scheduling Services

2. Goods or services may not be sold; however, they may be promoted as part of an event.

I have read and agree to this. **(Initial)** _____

ORGANIZATION INFORMATION:

1. Person responsible for planning event, provide name, address, email and telephone number _____

2. Person/agency responsible for financial obligations resulting from use of university facilities, provide name, address, and telephone number if different from above: _____

3. Has Internal Revenue Service granted organization tax-exempt status? Yes* No

*If yes, please provide proof of tax exempt status RECEIVED _____

4. Please provide Certificate of Insurance naming Board of Regents, Nevada System of Higher Education on behalf of the University of Nevada, Reno as additional insured. Requirements are combined single limits of liability for a minimum of \$1 million, the name of the agency using university facilities, the name of the event, the dates, and the university location. REQUESTED _____ RECEIVED _____

FACILITIES AND RELATED SERVICES REQUESTED:

1. Facilities Requested: _____
*Fire Department regulations require that occupancy levels as posted must be adhered to and exits must have at least ten (10) feet clearance. I have read and agree to this. **(Initial)*** _____

2. Alcoholic beverages requested? Yes* No

*If yes, complete and return alcohol approval form

CANCELLATION:

A fee may apply for those events requiring a deposit if the event is cancelled within ten (10) working days prior to the start of the event.

*The applicant agrees to defend, protect, indemnify and hold harmless NSHE, its officers, employees, and the NSHE Board of Regents and members from and against any and all claims, losses, suits, or actions of whatever nature resulting from or arising out of the activities of the applicant, its subcontractors, agents, or employees, or the conduct or actions of applicant's invited guests, under this agreement and to pay all claims, damages, judgments, legal costs, adjuster fees, or any other expense or liability related thereto. I have read and agree to this. **(Initial)*** _____

SIGNER CERTIFIES THAT HE/SHE IS AUTHORIZED TO SIGN THIS AGREEMENT ON BEHALF OF THE ORGANIZATION. THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE AND THE PROPOSED EVENT WILL BE CONDUCTED IN A MANNER CONSISTENT WITH THAT INFORMATION. Fees or charges for services or use of facilities will be determined in accordance with the services and/or facilities requested. NOTE: In addition to the cost of facilities, food and other possible service needs, an administrative fee may be charged according to the time required for Scheduling Services staff to assist in coordinating events.

SIGNATURE OF ORGANIZATIONS REPRESENTATIVE

The Board of Regents of the Nevada System of Higher Education, on Behalf of the University of Nevada, Reno

BY: _____

BY: _____

DATE: _____

DATE: _____