

Pitt-Titusville Education and Training Hub

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Titusville, PA 16354
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ROOM RESERVATION FORM

NOTE: All three pages of this form must be completed and submitted to the Hub office; including all setup and/or service requirements, **at least one week in advance** of the date of the event. Completing this form does not guarantee your reservation until you receive confirmation from the Hub Office.

Requesting individual _____ Partner/Agency Name _____

Requester's Telephone Number _____ Requester's Cell Phone _____

Requester's Email Address _____ Faculty/Staff Member Attending _____

EVENT INFORMATION

Name of Event _____

Type of Event ☐ Meeting ☐ Class ☐ Speaker ☐ Banquet ☐ Practice
☐ Community Service Project ☐ Fundraiser ☐ Event
☐ Other, please be specific _____

Date(s): _____

Attendance Expected _____ Admission Fee _____

Program Open To: ☐ Public ☐ Students ☐ Faculty/Staff

RESERVATION INFORMATION

Location		Date and Times				
Building	Room	Month/Day/Year	Setup Start Time	Event Start Time	Event End Time	Cleanup End Time

Include time for setup and cleanup; the building will be unlocked and locked at times requested above. The organization is responsible for completely cleaning the area(s) used every time it is used. A staff or faculty member must be present to represent the Hub partner at all activities, meetings, events, etc. for all partner events

SET UP, SERVICES, EQUIPMENT NEEDS

ROOM SET UP (number if appropriate)

Tables
 Chairs
 Piano
 Podium
 Staging
 Other _____
 Other _____

PERSONNEL SERVICES

Projectionist
 Lighting
 Sound
 Custodial
 Security
 Other _____
 Other _____

EQUIPMENT (specify type and number)

Microphone _____
 CD Player _____
 Stage Lighting _____
 Computer _____
 Other _____
 Other _____

CATERING (check all that apply)

Buffet Line
 Sit-Down Meal (served)
 Reception
 Breakfast
 Lunch
 Supper
 Pastry/Coffee
 Coffee, Soda Service
 Other _____

NOTE: SPECIFIC CATERING ARRANGEMENTS
 MUST BE MADE WITH FOOD SERVICE

VISITOR PARKING: Visitors must pick up a parking pass from the Campus Police and Security Office or park on the street.

PROVIDE A DIAGRAM AND DETAILS OF SET UP REQUIREMENTS ON THE NEXT PAGE
SPECIAL PROCEDURES APPLY TO THE USE OF CAMPUS AUDITORIUMS.

AUTHORIZATION

I understand that this event must be carried out in accordance with the relevant policies and procedures of the University of Pittsburgh and the Titusville Hub, and, if applicable, with the laws of the Commonwealth of Pennsylvania. I acknowledge that any damage to equipment or property resulting from this event will be charged to my department or organization.

Signature of Requester _____ Date _____

Approved by _____ Date _____

Please draw a diagram of all setup requirements in the space below and provide any additional information related to the event. Use a separate sheet if necessary.

Please be specific!

If you have any questions about the facilities availability, please call 814-827-4509.