Employer Contact Information:
Contact Name: ____________________________ Company: ____________________________
Billing Address: ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________
Contact Phone: ____________________________ Fax: ____________________________ Email: ____________________________

Presentation Information:
Date: ____________________________ Location: ____________________________ Time: ____________________________ *
*Please note that this time includes any reception to follow your presentation; other groups will be scheduled in the room after this time.

Audio/Visual Equipment Requests:
TV Monitor w/ DVD/VHS $40
DVD or VHS Player $30
LCD Projector $200
Screen $10
Podium (no microphone) No charge
Microphone and sound system $65
Wireless mic (lav or hand-held) $65
Additional handheld wired mic, ea. $9
Flip chart w/ easel $10
A/V Technician (duration of event) $140

These prices are for Ida Noyes Hall’s inventory of equipment only, and include setup but not an a/v technician to remain in the room for the duration of the event (see above).

Please check here to authorize rental of equivalent items from an outside vendor should Ida Noyes Hall’s equipment be unavailable. Please note that the cost for such items may vary.

Event Setup Information:
Please indicate how many of each, if any, you would like:
Number of Materials Tables
Inside Room_________/Outside Room__________
•Linen (circle one) yes/no Color__________ •Skirting (circle one) yes/no Color__________
Number of Head Tables ________ (3 panelists may sit comfortably at one table)
Number of panelists
•Linen (circle one) yes/no Color__________ •Skirting (circle one) yes/no Color__________
Number of Refreshment Tables
Inside Room_________/Outside Room__________
•Linen (circle one) yes/no Color__________ •Skirting (circle one) yes/no Color__________

Please note: Table linens - $9.10 each; table skirts - $20.00 each; delivery - $35.00
We will order white linens and burgundy skirts unless otherwise requested.

Expected Attendance: ________
Chairs will be set up lecture (theatre) style unless otherwise requested.

Catering Information:
Caterer: ____________________________ Contact Name: ____________________________ Contact Phone: ____________________________
• Please note that you are responsible for making arrangements directly with your caterer.
• If you would like to serve alcohol at your event, please complete the Alcohol Approval Request Forms (2 pages).

Additional instructions for room setup (attach an additional sheet if necessary): ____________________________

When you have completed all sections of this form, please return it via fax to the Events Coordinator for Ida Noyes Hall at 773/702-1195, no later than 2 weeks prior to your event. Thank you!
Hosting Corporate Events at Ida Noyes Hall

To obtain permission to serve alcohol at an event, please read and sign this document and complete the Event Alcohol Approval Form. Both documents must be filled out and submitted to the Ida Noyes Hall Events Coordinator Holly Bland via fax at 773/702-1195 at least one month prior to the event.

The following guidelines must be strictly followed:

• Persons serving alcohol must be at least 21 and must be a licensed bartender with appropriate insurance coverage.
• Amounts of alcohol to be served must be discussed with Events Coordinator. This amount should be determined by the length of the event and the anticipated number of guests.
• The event organizer must identify one person to be responsible for the event and provide the Office of the Reynolds Club & Student Activities contact information in case of emergency.
• Only beer, wine and champagne may be served – NO hard alcohol is allowed.
• For events where individuals under 21 may be present, designated organizer or a licensed bartender must check identification and serve the alcohol.
• All precautions must be taken that event participants do not drink excessively.
• Appropriate precautions must be taken to ensure that event participants under 21 do not have access to alcoholic beverages.
• Sufficient amounts of non-alcoholic beverages must be available.
• Adequate quantities of non-salty food must be served.
• Consumption of alcoholic beverages will be limited to an approved area, usually a closed room or section of the building. The organization sponsoring the event is responsible for ensuring that alcohol is consumed only in the designated area and not carried outside the area or the building.
• Individuals are not allowed to bring their own alcohol to an event.
• No alcohol may be served during the last half hour of the event.

I have read and agree to all of the above guidelines

Name_____________________________________ Date______________________________________

Signature__________________________________

____________________________________________________________________________________

The University of Chicago offers a training course encouraging responsible drinking. If you are interested in attending this course before your event, the University of Chicago Alcohol Risk-reduction Education (UCARE) is offered through the Student Care Center’s Health Education Services. Please call (773)834-5143 or visit http://scc.uchicago.edu under the “Health Information” link for class schedule or information.
Corporate Events Alcohol Notification/Approval Form

Please complete and return this form to the Ida Noyes Hall Events Coordinator Holly Bland no later than one month prior to the event. If you have questions, please contact the Events Coordinator at 773/702-9038.

Organization:__________________________________________________________

Contact Name:________________________________________________________

Email Address:___________________________      Phone:___________________________

Event Location:___________________________      Event Date:___________________________

Event Start Time:___________________________      Event End Time:___________________________

Expected Total Attendance:___________________________      Expected Attendance Over 21:________

Purpose of the Event:

Please describe the systems you will use to check IDs and serve the alcohol and/or name of bartending service (please be specific, i.e. caterer will provide bartender who will check state IDs):

Type/Amount of Alcohol to be Available (please be specific):__________________________________________

Serving Sizes:__________________________________________

Type/Amount of Non-Alcoholic Beverages to be Served:__________________________________________

Type/Amount of Food to be served:__________________________________________

** You may attach any information you may have from your caterer regarding these items (contract listing food and beverage packages, etc.).

ORCSA USE ONLY
Event Approved by:_________________________________      Date:_______________________________
ORCSA Director or Associate Directors Only