NAME OF ORGANIZATION: ____________________________________________

CONTACT PERSON: _________________________________________________

PHONE: ______________  FAX: ______________  EMAIL: ____________________

TYPE/NAME OF EVENT: ______________________________________________

DATE(S) __________________________________________________________

TIME: ___________ AM/PM to ___________ AM/PM

Number expected to attend: ___________________

If you need tables and/or equipment for your event, you must indicate below (check all that apply):

Tables _______ VCR/DVD/TV _______
Chairs _______ Projector _______
Podium _______
Microphone _______

TABLES ARE NOT TO BE MOVED. Furniture will be arranged according to your instructions. Only the room(s) requested for the event will be available to you.

Will food be served at this event? Yes ________  No _______

Organization’s goals/mission: __________________________________________

____________________________________________________________________

____________________________________________________________________

*NOTE: Completion of this form does not guarantee your reservation. Your reservation will not be confirmed until your request has been approved, the rental agreement signed, and the non-refundable deposit of $50 received. The balance is due seven days before the scheduled event. Please read the information on the second page of this document for conditions and fees.
RENTAL RATES**

<table>
<thead>
<tr>
<th>Room(Capacity)</th>
<th>Days/Time</th>
<th>Hourly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>115 &amp; 120 (60-80)</td>
<td>M-F 8:00 a.m. – 5:00 p.m.</td>
<td>$60</td>
</tr>
<tr>
<td></td>
<td>M-R 5:00 p.m. – 9:00 p.m.</td>
<td>$70</td>
</tr>
<tr>
<td></td>
<td>Sat. 8:00 a.m. – 9:00 p.m.</td>
<td>$80</td>
</tr>
<tr>
<td>107 (15)</td>
<td>M-F 8:00 a.m. – 5:00 p.m.</td>
<td>$65</td>
</tr>
<tr>
<td></td>
<td>M-R 5:00 p.m. - 9:00 p.m.</td>
<td>$70</td>
</tr>
<tr>
<td></td>
<td>Sat. 8:00 a.m. – 5:00 p.m.</td>
<td>$80</td>
</tr>
</tbody>
</table>

**Computer lab usage requires the presence of an approved proctor, which requires additional fees.

This section will be completed once reservation date is confirmed:

Non-Refundable Deposit ($50.00) due on or before ________________________________

Room (s) reserved: ___________________________ ________________________________

Hourly rate $________________________ X ________________________ (# of hours)

Total $________________________

Balance of $ _________________________ due on or before _________________________

______________________________________   _____________________________________

Authorizing Signature (Renter)   Date         Authorizing Signature (Center)          Date

Deposit received: ___________________ Check/Money Order #: ________________

Received by: _________________________ on ________________________________

Balanced received: ________________ Check/Money Order #: _________________

Received by: _________________________ on ________________________________

For OSU Payments ONLY:  ORG#_______ FUND _______ ACCOUNT ___________

Please also provide Project and/or Program numbers BELOW, if applicable

PROJECT ___________ PROGRAM ___________

For Office Use:
Approved_____ Denied_____ By: __________________________ Date: _____________

Comments:

Updated 7/31/2015