

Florida Atlantic University

Golden Pavilion Multi-Purpose LY-3A Room 104 Reservation Form

- Filling out this form does not guarantee use of the space...approval must be given via e-mail from Andee Forman!
- After completing, please fax or e-mail to (561) 297-3942 or aforman@fau.edu

Today's Date: _____

Contact Person/Coordinator: _____ Title: _____

Telephone: _____ E-mail: _____

FAU Department or Group: Yes _____ No _____ Company/Organization Name: _____

Company/Organization Address: _____

Title of Event: _____ Date of Event: _____

Time: From _____ AM/PM To _____ AM/PM Estimated Attendance (*Room capacity is 107*): _____

ROOM SETUP: (*see attached sheet*) _____

Additional Setup Requests _____

AUDIO VISUAL REQUIREMENTS (Specify each item by circling: Microphone, Overhead/Slide Projector, Tape Recorder, etc.) Other: _____

Coordinator is responsible for making all arrangements with audio visual services by calling 297-3707. Requests can be made to AVSERV@FAU.EDU

BRIEF DESCRIPTION OF EVENT:

(If the event includes an outside speaker, attach a flyer or related information to this form)

CHARTWELL FOOD SERVICE (KOSHER FOOD ONLY): Yes _____ No _____ (*Request table cloths from Chartwells if needed*)

ALCOHOLIC BEVERAGE SERVICE: Yes _____ No _____ (*NOTE: Alcoholic Beverages must be served in accordance with the policies and procedures of the University and the State of Florida. Permission of the Provost is required*)

COORDINATOR SIGNATURE: _____ DATE: _____

By signing above, the contact person/coordinator takes full responsibility for the company or organization using the Golden Pavilion at the Levine-Weinberger Jewish Life Center. As such, they understand that responsible behavior will be used during the time space is used, and they fully accept any monetary responsibility due for damage done to the room during the time of the event.

=====DO NOT FILL IN BELOW THIS LINE=====

DISTRIBUTION:

_____ Hillel Center (FAX 7-4101)

_____ University Police/ After 5:00 p.m./Weekends = 3500 (FAX 7-3565)

_____ Building Services = 3167 (FAX 7-3668)

_____ CHARTWELL Food Services = 2788 (FAX 7-0482)

_____ Audio Visual = 3707 (FAX 7-3668)

_____ Other: _____

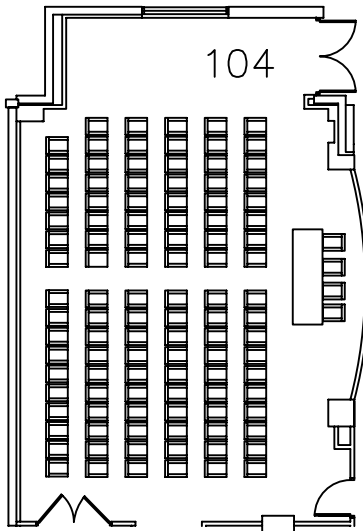
Approval: Andee Forman

WRITTEN REQUESTS MUST BE RECEIVED A MINIMUM OF (3) WORKING DAYS PRIOR TO EVENT.

RESERVATIONS ARE NOT FINAL UNTIL PROPER FORMS ARE FILLED OUT AND RETURNED

NOTE: ALL RESERVATIONS SUBJECT TO CANCELLATION ON REASONABLE NOTICE.

Golden Pavilion Room Set-Up Guide



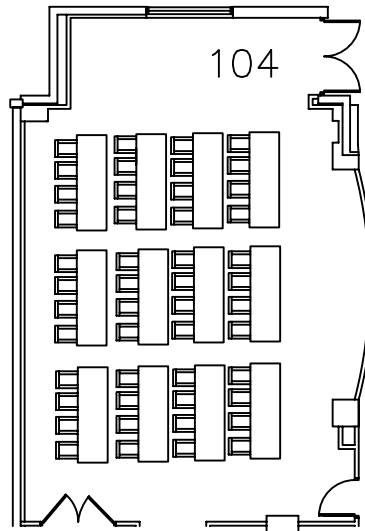
Seminar Style

No. of seats (107 max) _____

Podium: ☐ Yes ☐ No

Head Table: ☐ Yes ☐ No

No. at Head Table _____



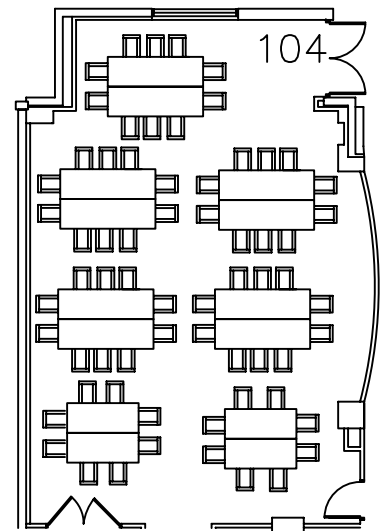
Seminar Style (with tables)

No. of seats (48 max) _____

Podium: ☐ Yes ☐ No

Head Table: ☐ Yes ☐ No

No. at Head Table _____



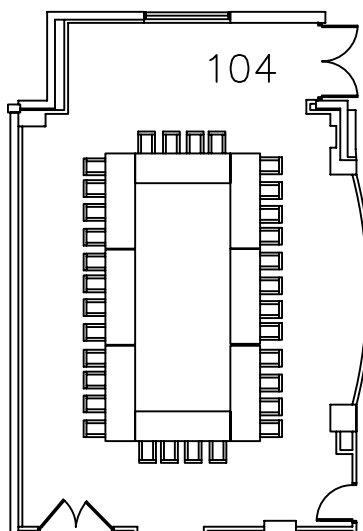
Group/Study Style

No. of seats (66 max) _____

Podium: ☐ Yes ☐ No

Head Table: ☐ Yes ☐ No

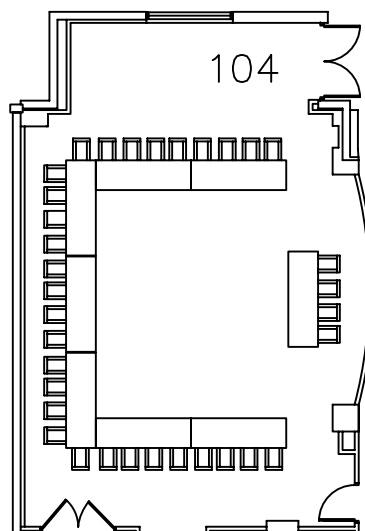
No. at Head Table _____



Conference Room Open-Square Style

No. of seats (32 max) _____

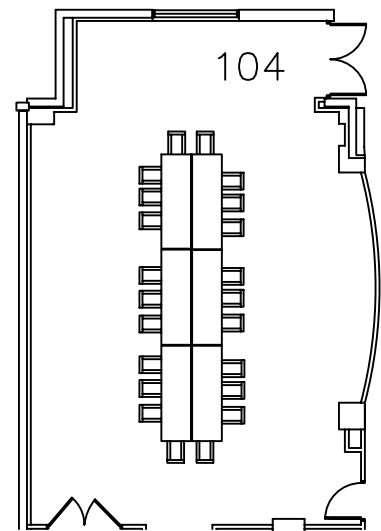
Podium: ☐ Yes ☐ No



Conference Room Open-U Style

No. of seats (34 max) _____

Podium: ☐ Yes ☐ No



Conference Room Closed-Square Style

No. of seats (22 max) _____