

# ROOM SCHEDULING REQUEST FORM - INSTRUCTIONS

UConn Health Center, Facilities Development and Operations  
263 Farmington Avenue, Farmington, CT 06030-1020  
Phone (860) 679-2127  
Fax (860) 679-8710

Please follow the instructions below to complete the Room Scheduling Request Form and submit to Development and Operations **FOUR WEEKS** prior to date of event/function. If you have any questions, please refer to the below policy or contact Facilities Development and Operations at (860) 679-2127. This form constitutes a Room Reservation **REQUEST** only. **\*\*Functions with set ups are NOT confirmed until a confirmation number is Issued by the Department of Facilities Development and Operations via email to the requestor.**

**\*\* Please refer to UCHC Common Space Use Policy:** [http://www.policies.uhc.edu/policies/policy\\_2002\\_50.pdf](http://www.policies.uhc.edu/policies/policy_2002_50.pdf)

## **AUTHORIZED**

**SIGNATURES:** It is the responsibility of the Requester to obtain FRS coding and Dept. Head signatures on all Room Scheduling Request forms. Please note that without the department head signature, the request will not be processed.

**BILLING:** Appropriate FRS coding **MUST** be included to confirm this request. The FRS Account will be automatically charged for services requiring the set ups of tables, chairs, accessories and cleaning per the current fee policy published in the Room Scheduling Policy. \* Non UCHC group will be charged room rental on an hourly basis; Prepayment/deposit is required for organizations where FRS coding is not available.

**REFRESHMENTS:** If refreshments are to be served, the sponsoring organization is responsible for making the necessary arrangements with the Dietary Department at 679-4866. (OUTSIDE CATERERS ARE NOT PERMITTED). **Attendees may NOT use the cafeteria from 11:45 am to 12:45 p.m.**

**ALCOHOL:** The University of Connecticut Health Center Alcoholic Beverage Policy **MUST** be strictly adhered to for any event where alcoholic beverages will be served. Adherence to the policy is the responsibility of the Sponsoring Organization. Only beer and wine are allowed to be served. A copy of the policy is available from the Office of Student Affairs. Food and an alternative beverage **MUST** be provided.

**SMOKING:** **SMOKING IS NOT PERMITTED** inside of any of the buildings at the UCONN Health Center. Refer to the Room Scheduling Policy & Procedure for designated outdoor smoking areas.

**A/V EQUIPMENT:** All necessary Audio/Visual equipment must be ordered from the Library at 679-4442 or through Video Communications at 679-2119. If Massey or Patterson Auditorium Audio/Visual equipment is needed you must contact Educational Technology at 679-2603. It is the responsibility of the Sponsoring Organization to book equipment. There is no charge for the Audio/Visual equipment permanently located in a meeting room.

## **SIGNAGE & POSTERS:**

**SIGNAGE** - Directional signage is available through the Department of Communication and Media Services at 679-2433. All signage **MUST** be approved by the Department of Public Information at 679-2444. It is the responsibility of the Sponsoring Organization to have signs made, approved, setup and removed after the meeting.

**POSTERS** - Effective November 1996, all notices are to be posted on designated bulletin boards or on easels in Academic, Keller, and Cafeteria lobbies. Notices must NOT be posted in any patient care areas including physicians' offices and student dental clinics, the hospital lobby, patient elevator areas and the cafeteria area; Notices must not be posted in any elevator or in elevator lobby; Notices should not be posted on painted surfaces. Please refer to institutional policy if you should have additional questions.

**PARKING:** If attendance will exceed 25 people and begin before 5:00 p.m., the Sponsoring Organization **MUST** arrange shuttle bus services with the Motor Pool Division of Property Administration at 679-1960 or 679-1955. Shuttle Lot 3 (near Red Cross Building) **MUST** be used for parking. Shuttle bus services are not required and any visitor lot may be used if: 1) Event starts after 5:00 p.m. or 2.) Event is scheduled for a weekend.

## **SET UP**

**TO GUARANTEE REQUESTED SET UP: ALL SET UP ARRANGEMENTS HAVE TO BE SUBMITTED TO FACILITIES DEVELOPMENT AND OPERATIONS TWO WEEKS PRIOR TO FUNCTION.**



ROOM SCHEDULING REQUEST FORM

UConn Health Center, 263 Farmington Avenue
Facilities Development and Operations MC 1020
PHONE: 860-679-2127 FAX: 860-679-8710

PLEASE SUBMIT REQUEST FORMS A MINIMUM OF 4 WEEKS PRIOR TO THE EVENT. TO GUARANTEE A REQUESTED SET UP ALL SET UP ARRANGEMENTS HAVE TO BE SUBMITTED TO Facilities Development and Operations TWO WEEKS PRIOR TO FUNCTION. FUNCTIONS WITH SET UPS ARE NOT CONFIRMED UNTIL A CONFIRMATION NUMBER IS ISSUED BY THE DEPARTMENT OF Facilities Development and Operations VIA EMAIL.

PLEASE REFER TO THE COMPLETE INSTRUCTIONS ON THE NEXT PAGE.

CONFIRMATION NUMBER:

INCOMPLETE FORMS WILL NOT BE ACCEPTED. DEPARTMENT HEAD SIGNATURE AND FRS CODING IS REQUIRED ON ALL FORMS.

Please list event date(s) and time(s)

( 1 month per form please)

Date(s):

Time(s): FROM: am/pm TO: am/pm

Number of attendees: needed \*

Please YES (set up) NO (using rm as is)

If yes please fill in style and amount of tables and chairs below. See attached diagrams.

Please circle: U-Shaped Herringbone Theater

Tables: in rm- on stage- in lobby-

Chairs: in rm- on stage- in lobby-

\*To guarantee a requested set up all set up arrangements have to be submitted to Fac. Mgt. a minimum of two (2) weeks prior to function.

Department or Sponsoring Organization (required):

Function:

Contact Person:

Phone: Fax:

Requesters locations: (bldg/floor/room)

Mail Code/Address:

FRS CODING: (required) -2304

Department Head Signature Required:

X: (Signature Required)

Table with 3 columns: Question, YES, NO. Includes items like 'Do you plan on serving refreshment?', 'Extra Waste Containers', 'Do you plan on serving alcohol?', 'Is handicap access needed?', 'Easels', 'Extension Cords/Power Strips'.

NOTE: Special Requirements

The requester is responsible for directly contacting the appropriate department for special requirements such as audio-visual equipment, refreshments, signage and shuttles. (Video Communications x2119, Dietary x4866, Communications (signage) x2433, Public Safety (parking) x2511 and Volunteer Services x2388)

Table with 3 columns: Question, YES, NO. Includes items like 'Is parking for 20 - 200 cars needed?', 'Shuttle required if >20 cars'.

PLEASE SELECT ROOM REQUESTED:

Note: seating capacities vary depending on style of set up requested.

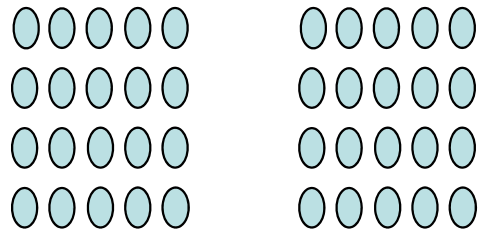
- HR Training Center, Munson Rd.(seating for 60)
Keller Auditorium / Lobby (MAX. CAP. 252) NO VENDORS ALLOWED
Massey Auditorium (Max. Cap. 139/156, see note 1)
John W. Patterson Auditorium (Max. Cap. 139/156, see note 1)
Rear Section of Cafeteria (Max. Cap.70)
Cafeteria Lobby (\*Max. Cap. No Set Ups Available)
Onyiuke Dining Rm (Max. Cap. 55 w/tables, 99 w/o tables)
Academic Lobby (\*Max. Cap.) NO VENDORS ALLOWED
Center Courtyard (Outdoor - Set up for food only ,no seating)
ASB Building Meeting Rooms A/B (Max. Cap. 20, UCHC use only)
Facilities Development and Operations Confr. Room "A" (Max. Cap. 15)
\*\* ARB Seminar Room - Large EG013 (Max. Cap. 90 w/o tables, see note 2)
\*\* ARB Seminar Room - Small EG052(Max. Cap. 48, No Set Up Available, see note 2)
MARB Lobby/Cafeteria (Max. Cap. 76 w/tables and chairs)
Munson Cafeteria (Max. Cap. 128)

- 1. During Academic Year, only available after 5:00 p.m. and Weekends
2. Keys to seminar rooms to be signed out and signed in at Public Safety.

\* Maximum Capacity subject to Fire Marshal Approval.

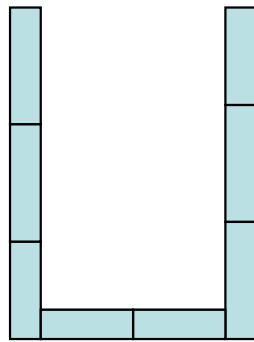
\*\* The Laura and Mark Yellin Conference Center

**THEATER STYLE SEATING**  
*(CHAIRS ONLY)*



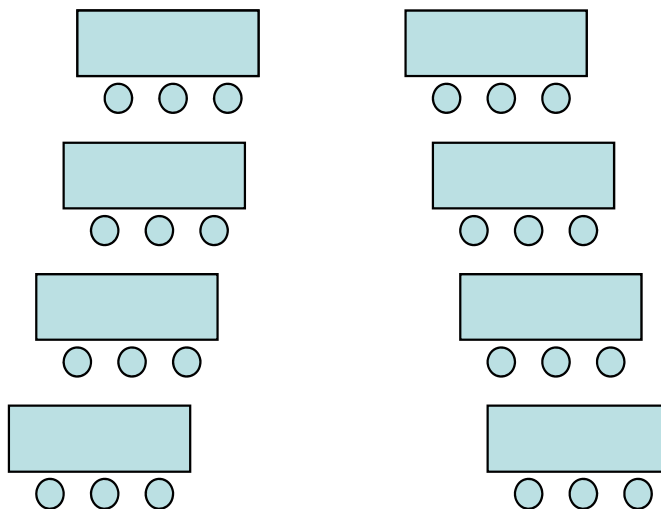
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**U-SHAPE OF TABLES**  
*(WITH OR WITHOUT CHAIRS)*



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**HERRINGBONE OF TABLES & CHAIRS**



- ❖ these are the 3 basic set up styles we offer
- ❖ the number of tables and chairs can vary depending on the location used
- ❖ if the style you require varies from the above, please provide a diagram with your room scheduling request form