



**K.M. RAE PUBLIC EDUCATION BUILDING USER REQUEST FORM
125 THIRD AVENUE**

Name/Organization: _____

Person to be in charge: _____ Title: _____

Billing Address and/or UA Account Number: _____

Contact Phone Number: _____ Email address: _____

IT Needs: Internet Access Computer Printer Telephone

AUDITORIUM and EXHIBIT AREA

Which of the following would you like to use:

Podium	_____	Movie Projector	_____	Kitchenette	_____
LCD Projector	_____	Microphone	_____	Tables	_____

Other needs: _____

Approximate number of participants: _____

Will the program be open to the public: NO YES

Will there be an admission charge: NO YES How much: _____

Dates needed: _____ Hours: _____

Purpose: _____

VIDEO CONFERENCING

Event or course name: _____ Instructor Name: _____

Start date: _____ End Date: _____

Weekdays needed: Mon Tue Wed Thur Fri Times: _____

OFFICE

Request Type: Graduate Student Faculty Employee Visitor

Occupant Name: _____ Email address: _____

Occupancy Dates: _____

Primary use of office (writing, interviews, research): _____

Requester's Signature _____ Seward Marine Center Approval _____ Fee: _____

_____ Date

_____ Date