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):_______________________________

Fee:________________________________________________________________________

Requester’s Signature ____________________________  Seward Marine Center Approval ____________________________

Date ____________________________  Date ____________________________

Revised 9/10/2018