

Shands Auxiliary Conference Center (SACC) Event Request Form

User Information

Primary Contact Name: _____

Title/Position: _____

Company or Department: _____

Address: _____

Phone (cell): _____ Phone (office): _____

Primary Contact Email: _____

Title of Event: _____

Requested Date(s) - for events longer than 3 days, please use additional request forms:

Date _____	Start Time _____	am	pm
	End Time _____	am	pm
Date _____	Start Time _____	am	pm
	End Time _____	am	pm
Date _____	Start Time _____	am	pm
	End Time _____	am	pm

Room Requested: 1204 1205 Combined (1204 and 1205)

Purpose of Event:

Shands Auxiliary Conference Center Agreement

Please initial to verify that you understand and agree to the following terms:

_____ I have read and agree to all Shands Auxiliary Conference Center Policies

_____ I understand that Shands Healthcare or any of its departments or staff members will not be responsible for the replacement cost of any personal items lost or damaged during events

_____ I agree to the SACC alcohol policy, and understand that I must attach a written request for permission to serve alcohol at the designated event (must be attached to this document)

_____ I understand that if this event includes revenues or fund-raising, I must attach a detailed description of these activities and receive permission from SACC staff for these activities prior to the event; please indicate by circling below if your event includes revenues or fundraising:

This event [does/does not] include revenue

This event [does/does not] include fund-raising

_____ I understand that the Shands Auxiliary Conference Center will not provide public relations or marketing support for the designated event

Cost Center Billing Information (for Shands Departments)

Cost Center Number: _____ Cost Center Name: _____

Fiscal Contact Person (if different from above): _____

Email: _____ Phone number: _____

External users will be billed for any damages, cleaning fees, cancellation or other fees as necessary per this agreement.

Technical Needs Addendum

Which technologies will you be using for your event? (check all that apply)

- Computer with Microsoft Office software, including Powerpoint
- Projector
- DVD/VHS player
- Ceiling-mounted microphones
- 2 wireless lavalier (lapel-mounting) microphones – one per room
- Video-conferencing (technical assistance required when using first time)
- Phone conferencing system (please provide your departments access code)
- CD sound system
- Cable TV

Have you completed the Shands Auxiliary Conference Center (SACC) orientation?

- Yes, date _____
- No

Are you requesting use of the warming kitchen?

- Yes
- No

I, _____, as user of the Shands Auxiliary Conference Center (SACC) and primary contact for the above-designated event, agree to and will comply with all terms and conditions of this contract and the policies and procedures of the SACC.

SIGNATURE: _____ DATE: _____

Please return the completed form to the SACC Coordinator, Clif Roberts:

Shands Hospital South Tower, Suite 23-C1
1515 SW Archer Road
Gainesville, FL 32608
Phone - 352.733.1706 Fax - 352.733.1707
clif.roberts@ufl.edu