



DePaul University

COMPUTER LAB RENTAL
SUBURBAN CAMPUSES MEETING & EVENT SERVICES

Naperville - FAX 630/548-1963 Oak Forest - FAX 708/633-9095 O'Hare - FAX 847/296-4381 Rolling Meadows - FAX 847/437-6220

To reserve the computer lab, please fill out this form. A copy of this form will be approved & mailed to you for your records. The computer lab requests are filled on a first-come, first-served basis. Suburban Campuses Meeting & Event Services will contact you within 5 working days to notify you of the status of your request.

Organization:
Name & Title of Person Responsible for Event: Phone #:
Contact Person: Phone #: Fax #:
Mailing Address: E-Mail:
Date(s) of Event: Start Time/End Times: Set-up/End Time:
Title of Event: No. of Attendees: No. of Room/s Required:

FEES: Per day (Indicate Campus)
Naperville Campus
Oak Forest Campus
O'Hare Campus
Rolling Meadows
1. Base Rental Fee (Lab & Classroom) \$900.
2. Installation of Software (optional) \$100.
3. A.V. Equipment (complete form) Fee
4. Other Fees:
Estimated Total per day
Audio/Visual Equipment Required (complete the Audio Visual-Equipment Request form)
Food Will Be Served
Event Will Be Catered (see list of Approved Caterers) Breakfast Lunch
Name of Caterer:
Event Will Be Advertised (please send of copy of advertisement and a list of publications in which advertisement will appear with reservation request form)
Type of Software Installed: (Include package title, manufacturer of software, & description)

INSURANCE REQUIREMENTS (check one):
Completed Certificate of Insurance
Release of Liability Hold Harmless Agreement

METHOD OF PAYMENT:
Check (please make checks payable to DePaul University)
Money Order
Cashier's Check
Credit Card (circle one): Visa - MasterCard - Discover
Card #:
Exp. Date:

Total Payment Due: (deposit required)
Signature of Person Responsible for Event
Date
We have received & read the Policy & Procedures regarding the Computer Lab & agree to these terms.
I HAVE THE CAPACITY TO LEGALLY BIND THE ORGANIZATION WHICH I REPRESENT HEREIN. I WILL INSURE THAT ALL UNIVERSITY POLICIES, PROCEDURES AND REGULATIONS, INCLUDING BUT NOT LIMITED TO THOSE LISTED HEREIN, WILL BE STRICTLY ADHERED TO BY SAID ORGANIZATION. I AGREE TO THE GUIDELINES AND CONDITIONS ON THIS CONTRACT AND TO THOSE ON THE EVENT INFORMATION FORM. I AGREE TO PAY DEPAUL UNIVERSITY FOR THE FEES SPECIFIED IN THIS CONTRACT. I FURTHER UNDERSTAND THAT ADDITIONAL CHARGES FOR INCIDENTALS AND/OR CANCELLATION MAY BE ADDED TO THE CONTRACT FOLLOWING THE DATE OF SERVICE.

FOR OFFICE USE ONLY
DePaul U. Approval Signature:
Date of Approval:
Rental Fee Software A/V Fee Misc. Fees SUBTOTAL # of Days TOTAL COST
*** CONFIRMATION ***
Room(s):
Dates & Times:
Written Cancellation Rec'd.
IN FULL, balance due no later than date of event
To be Invoiced



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Date: 7/20/06