

Reservation Form - AAP Learning Pavilion - Campbell Hall Room 1112B

Event Date: _____ Event Start Time: _____

On-Site Event Contact (person responsible who will be attending): _____

Email: _____ Phone: _____

Reservation Start Time: _____ Reservation End Time _____

Expected Number of Attendees: _____

Type of Event: (e.g., Seminar, Reception): _____

Name of Event: (for events on-line registration) _____

Expected deliveries (e.g., Catering, A-V Services, Events Office, etc.): _____

Note: You must be in room to supervise all deliveries and pick-ups.

Name of Sponsoring department: _____

Departmental Contact Name: _____

Departmental Contact Email: _____

Registered Events Online Contact: _____

BILLING INFORMATION <i>Please complete all required (*) fields</i>						
* Department Code: _____			*Recharge ID _____			
*LOC	*ACCOUNT	CC	*FUND	PROJECT	*SUB	SOURCE
<i>Funds numbered 21000-33999 cannot be used!</i>						

I agree to the AAP Learning Pavilion TERMS OF USE at www.aap.ucla.edu.....

I understand that my department will incur a charge of \$300.00

Signature	Name	Title	Phone	Date