

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

Name of Event: _____

Event Date: _____ Event Start Time: _____

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

Email: _____ Phone: _____

Reservation Start Time: _____ Reservation End Time _____

Note: Request for reservations Monday through Friday should occur after 6pm. Also, please remember to include set up and clean up time with your request.

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:

<https://www.aap.ucla.edu/about-aap/aap-learning-pavilion/#tab-id-2>

I understand that my department will incur a charge of \$300.00 (each day the Learning Pavilion is utilized) and any additional cost for missing and damaged items.

Signature	Name	Title	Phone	Date