**Venue Hire Request Form**

**Two business days’ notice is required for Alterations, a new Venue or for Equipment Hire requests.**

**APPLICANT DETAILS**

|  |  |  |
| --- | --- | --- |
| **Contact Name** |  | **Phone:**  |
| **Email** |  |  |
| **Company/Faculty** |  |  |
| **Postal Address** |  |  |
| **Commercial / Not For Profit Group** |  | **ABN:** |  |
| ***Internal only* –** *Does this involve an external organisation? If so, please provide name of organisation/client.* |  |

**FUNCTION DETAILS**

|  |  |
| --- | --- |
| **Event Name** |  |
| **Event Type** (workshop etc.) |  |
| **Event date/s** |  |

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| --- | --- | --- | --- | --- |
| **Total Times – in one hour blocks on the hour or ½ hrincluding set-up & pack-up.**  | **Set Up Time****(Actual time you/caterer want to access the venue)** | **Event Start** | **Event Finish** | **Departure Time****(actual time all will have departed by)** |
| PLEASE NOTE – we **DO NOT** provide room set-up or Refreshments | e.g. 0830 | 0930 | 1100 | 1130 |
| **Facilitator** |  | **Mobile number** |  |
| **Campus Preference** |  | **Number of Attendees** |  |
| **Venue Preference** |  |  |  |

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| **EQUIPMENT REQUIRED - please indicate how many** | **Extra charges apply for items below** |
|  | *Bins* |  | *Cocktail Tables* |  | *Extra Chairs* | *Video Conference* |
|  | *Urn* |  | *Café Tables* |  | *Poster Stand/s* | *Tele Conference* |
|  | *Trestle tables* |  | *Data Beam Projector* |  | *A Frames* | *Plants* |
|  | *Portable PA* |  | *Presenter Computer* |  | *Internet* | *Piano – Orange 3 and Orange 6.1.08 only* |
|  | *Lectern* |  | *Microphone* |  |  | *\*Software installation (2 wks notice required)* |

***Some items are not available at all campuses*\*If Software installation required please provide the name of the software, license number and version number.****Additional cleaning may be required after any event involving food and/or beverages.  (***Internal clients please provide your cost code.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Will attendees be consuming food / drinks?*** | **NO** | **YES** |  | (Delete one) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Alcohol *–***  | *No alcohol available* | *Providing Free Alcohol* | *Selling Alcohol* ***-***  | *Liquor Licensee No.* |
| (Delete those options not applicable) |  |

**External clients -** Please provide a copy of your ***Public Liability Certificate of Currency.***Your event is not confirmed until a Contract has been exchanged. A Confirmation email will be sent upon acceptance of the Contract and Terms and Conditions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Internal Clients Only – Date:** |  | **Cost Code:** |  |

**FORWARD COMPLETED FORM TO:** **roombookings@cdu.edu.au** |

**Telephone (08) 8946 6500 Email:** **roombookings@cdu.edu.au**

**Charles Darwin University, Ellengowan Drive, Darwin 0909 NT Australia**