Application For
Scheduling an Event At
Monmouth University

Please complete this form and return it, along with the following to:

Office of Conference & Event Services
Monmouth University
400 Cedar Avenue
West Long Branch, New Jersey 07764
ATTN: Lu-Ann Russell, Director (or)
Vivian Beltempo, Assistant to the Director
Phone Number: (732) 571-3473
Fax Number: (732) 263-5284

Instructions:

1. Please include the following:
   ♦ The formal request on your Organization Letterhead.
   ♦ A copy of your proposed program schedule.

2. Please note the following:
   ♦ University regulations prohibit any organization from soliciting
     funds from this campus.
   ♦ Submission of this form does not obligate Monmouth University
to accommodate your program.
   ♦ Monmouth University reserves the right to modify the equipment
     requested and to assign the necessary personnel and facilities it
     deems necessary to support your program.
   ♦ The university reserves the right to assess applicable rental fees
     and to charge fees for services rendered in preparation for,
     during, and subsequent to your program.

3. Upon receipt of your completed application and accompanying information,
   the Office of Conference and Event Services will respond to your request.
Conference and Event Services Application

General Information:

Date___________

1. Name of Organization__________________________________________
   A. Type: Profit, Non-Profit, Educational, Cultural, etc.
   _____________________________
   B. Tax - Exempt Number
   _____________________________(Need to Provide Certificate prior to Contract)

2. Name of Event__________________________________________
   A. Type: Fund-raising, Lecture, Workshop, etc.
   _____________________________
   B. Open to Whom? _____________________________
   C. Fees to be Charged_______________________

3. Desired Date (s)___________________Time of Arrival_______________
   Time Started _______________Time Finished___________________
   Alternate Date (s)______________Alternate Time (s)_______________
   Time necessary to set up, conduct, dismantle___________

4. Name of Person (s) in Charge_______________________________
   Email _____________________________ Phone___________________
   Address _____________________________ Cell_________________
   _____________________________ Fax _________________

Participants: Anticipated Number and Type

1. Adults (Male/Female)______________ Children______________

2. If there will be additional people in an audience not included in the count
   above, estimate here: Adults (Male/Female)__________ Children__________

3. Advance Party (time, date, place, arrival, and number)
Facilities and Equipment:

Please note that Monmouth University reserves the right to assign the specific site for the program.

1. Equipment and Location Desired (tables, chairs, lectern, P.A. system, audio-visual aids, Internet connectivity)

___________________________

Wireless Internet (WiFi) is available for guest users in limited locations on campus.

2. Type of Facilities Desired:
   A. Lecture Hall (number)_______ (capacity)__________
   B. Classrooms (number)_______ (capacity)__________
   C. Other_____________________________________
   D. Specific Arrangements (state registration, displays, etc.)

____________________________________________________

Services:

1. Food Services (Menus may be provided upon request.)
   Meals (number)__________ (type)______________ Time Preferred__________
   Refreshments (number)_____(type)____________ Place________________
   Will alcohol be served?____open bar _______beer/wine only
   _______cash bar _______full bar

2. Audio-visual Operator____________ Audio-visual Equipment_________
For Pollak Theatre Rentals Only:

1. Stage Manager (oversees use of fly, props and curtains) ________________

2. Lighting Needs:
   Standard House Lights _____ Standard Theatrical Lighting _____
   Advanced Theatrical Lighting (with Multiple Cues and Special Effects) _____

3. Special Effects Needs (fog machine, etc.) _________________________________

Additional Accommodations:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________