EXTERNAL ORGANIZATIONS

Today’s Date: ________________

Organization: ___________________________________________
Number Attending: ____________________________
Address: ________________________________________
Telephone:(Work) ____________________________ (Home) ____________________________
Subject/Topic of Meeting: ___________________________________________

Signature of contact person from meeting sponsor’s organization
Name of TTUHSC/TTHC contact person

The meeting sponsor is responsible to:
a. Ensure that all attendees are properly informed of the following ADA statement: "Persons with disabilities who may need auxiliary aids or services are requested to contact __________ at phone __________ at least 24 hours prior to the meeting so that appropriate arrangements can be made."  
b. Provide such auxiliary aids/services at your expense.

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER – 800 WEST FOURTH STREET:

AUDITORIUM (   ) (Standard Accommodations – Seats 230 persons – Monday – Friday
(8am to 10pm) - $175.00 per day; Weekends/Holidays-$350.00 per day)

Date: ____________________________ Time: ____________________________

ROTUNDA (   ) (For availability of other rooms, please inquire.)

Date: ____________________________ Time: ____________________________

Available at an additional charge: LCD Projector $25.00 LCD w/Computer $40.00 LCDw/laptop $40.00
Slide Projector $15.00 Overhead Projector $15.00
Laser Pointer $10.00 Flip Chart $20.00
TV Monitors $15.00 Satellite Hookup
VCR $15.00 Telenetworking

Video taping can be provided at extra charge during regular working hours - Monday through Friday.
Using organization will be responsible for damaged or lost equipment.

AREA READY BY: _______  CATERED: Yes ____ No ____  HOSPITALITY SETUP - $50.00

ROTUNDA SETUP: (8' Table Seats 10) Seating ____ Display ____ Registration ____ Refreshment ____

Table covering: clear plastic cover ____ red plastic cover ____ white plastic cover ____

OTHER ____________________________

AVAILABLE AT ADDITIONAL CHARGE: (Includes cups/creamer/sugar/stirrers/ice/napkins/lemon juice)

COFFEE: 6 oz. cup/30 cents each: _____ cups 55 cup urn/$15.00: _____ urn(s)
TEA: 16 oz. cup/20 cents each: _____ cups 2.5 gals (20 cups) $4.00 _____ 5 gals (40 cups) $8.00 _____
Soft Drinks 12oz can/50 cents each: _____
OTHER (plates, special requests): ____________________________________________

TOTAL CHARGES: ____________________________ APPROVED BY: ____________________________ DATE: ____________________________

An EEO/Affirmative Action Institution

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